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AN ADDRESS *

It is but a few years ago since the work of your Training School was initiated; indeed, your organization is not as yet in its teens, and already we are invited to address, forsooth, an organized and doubtless influential alumnæ association; and is it not delightful to contemplate that already in so few years so much has been accomplished—your school brought to so high a standard of excellence, and the merit of the training already so widely known that it is with difficulty we keep our graduates from accepting higher posts elsewhere? And it is equally with much pride that we watch the careers, not only of those whose work has brought them to seats of prominence among the favored of their profession, but of those, too, who, preferring the quieter life of usefulness at home and showing equal sincerity of purpose and devotion to their calling, merit all commendation from those who are competent to judge.

But enough of adulation—you deserve all you get. Your work is no sinecure; your carrying out of it has its trials and its hardships, and yet uncomplainingly and often unappreciated you pursue the even tenor of your way. For all this and much more let us wish you your deserts, and meanwhile let us bestir ourselves as to the future.

Is it not true that for a young organization such as yours the future is brighter than in any similar institution of the kind? that your prospects, your broad sphere of influence, and your capacity for expansion, are unique? It is surely not too early, and it is certainly never too late, to take cognizance of all this—to look about and grasp the skirts of happy chance with the great opportunity placed in your very path, thanks to kindly and generous and interested governors, and also I am sure to everyone else about you.

But some of you will say, "All is progressing quite satisfactorily; what need to regard the future if already we get enough work to keep us busy?" I hope none of you ever do think along lines quite so narrow and—shall I say—so selfish as this. In entering our profession, or yours, we at once involve ourselves in a duty which, though perhaps irksome at times, is none the less imperative, viz: to do what we can, not for ourselves alone, but

*To the Alumnæ Association of the Royal Victoria Hospital, Montreal.

even more so for our profession. If by acquiring a practice a physician believes he has done all that is necessary in his work, or if by obtaining a sufficient number of cases a nurse believes that she has attained the *summum bonum*, let us say at once that in each instance the individual is far short of the goal, far too much below the ideal. Our duty lies much nearer to our profession ; we owe far more to it than to be able through its medium merely to satisfy our material requirements and our little vanities. Unless we do something whereby we can feel that at least we have bettered our profession, be it by scientific work, by organization, by example, or otherwise, then we have pitched our aims too low! I am not well versed in Biblical lore, but unless I mistake there is somewhere a reference to a people who perished because they had no vision—no ideals, I take it, to stimulate them to higher things.

I have often been impressed since reading it many years ago with the pathetic and yet entertaining story of the German pastor to whose labors and genius the modern training schools for nurses owe their existence—initiated from humble beginnings and simple surroundings, an example and stimulus for all times to show how much may be done by right thinking and doing for the betterment of this or any sphere of work. The story is doubtless familiar to many of you, how in the early years of this century the simple Lutheran pastor evolved his plan owing to what he considered a very urgent need in his own small community. It was, I think, in 1821 that Pastor Fliedner, a young man, the native of an obscure village in Germany, with but little taste for the theology of his day though with an essentially practical mind and a great sympathy for human suffering, decided to accept a call to a Protestant church in the little village of Kaiserswerth, on the right bank of the Rhine. He had never known the luxuries of independence before; his circumstances had ever been straitened, for his father, also a clergyman, had been unable to acquire enough money to satisfy even the needs of his humble household. Driven by necessity to seek his education as best he could, we find him working his own way through the university and gaining a moderate education in spite of his dire needs. Many amusing incidents are told of this period of his career, nor did he in later life regret the struggle in view of the results. His early letters home describing his methods of economy, his clumsy efforts to mend his own clothing and keep up a moderate appearance of decency, seemed to have appealed to the sympathy of his biographers. Moreover, his early village surroundings had scarcely conduced to make his manners and deportment exemplary in his academic environment. So much indeed did his friends deplore his bluntness and uncouth ways, that he was about to follow their advice of abandoning all hopes and aspirations for a professional career, when there suddenly came the unexpected call to Kaiserswerth. This determined him anew, and he followed what he considered a predestined plan. Accepting, therefore, the tempting offer of a pastorate in this small factory town, at a salary of $120.00 per annum, he proceeded forthwith to his new home. The community —his parishoners—were Protestants, and for the most part

employees of the local velvet factory, all of extremely humble station in life, and thus appealing all the more to the large-hearted clergyman. We are told that his advent to take up the new post would have necessitated a public reception which might have been severe on the limited resources of the people, so to preclude this drain on their contracted purses, he came quietly and unannounced a day before the appointed time. Such characteristics illustrate the simplicity and consideration of the man who founded schools of nursing, who taught Florence Nightingale the principles of her profession, and who was later on to be summoned by kings and princes to various parts of the world for the purpose of spreading the good work initiated in this humble locality.

The acquisition of the "munificent" income of $120 a year unfortunately did not terminate his early cares. One can perhaps imagine his peaceful resignation on finding that he was to share his parsonage with the aged widow of his predecessor, and even this did not prevent his bringing two brothers and a sister to live with him, thus relieving his widowed mother of an added care.

Four weeks of labor at Kaiserswerth brought a crisis in the affairs of the village—the factory failed, and his little community, without means of livelihood were threatened with distress. Without prospective aid from his unsympathetic Catholic neighbors, whose regard for their heretical townfolk was scarcely likely to induce much philanthropy, and seeing no hope for his little band, we find our pastor starting alone, and on foot, for Holland, in the hope of obtaining aid from the sympathetic and influential fellow-Protestants of the Netherlands. From here we learn that he travelled on to Hamburg and later on again to England. Wherever he went his mission succeeded, not only in a financial way but far more by enabling him to learn of the needs of the sick and the poor—work which in England had already been attempted in a moderate degree by the well-known Elizabeth Fry. The work of prison reform, of harboring the poor and of caring properly for those who were ill and in need of something else beside the administration of drugs and the visits of a physician, had been hitherto but little known in Germany, and it is therefore with no small degree of wonder that we contemplate the present condition of affairs, which was originally evolved from Pastor Fliedner's community of paupers.

It is difficult to appreciate what at this time it must have meant to institute an organization of women in connection with practical ecclesiastical work, for although it was really in church establishments that the care of the sick had commenced, yet no proper organized attendance had been supplied except among the Catholic communities where convents and similar institutions existed. The Protestants had hitherto been denied such attentions, but, thanks to freedom from French dominion and Catholic sway, the German Protestants could once more think for themselves, and draw women back into active service for the poor, the needy and the sick. It was in this way that the modern deaconesses arose in Fliedner's community. As you all know, the name deaconess dates really from early Christian times, but women holding that title had a

purely theological function, acting under the church guidance in their care of the sick and poor, though they were further supposed to act in the capacity of chaperones at all interviews held by the bishops with women. Tertullian tells us that among the qualifications for the post one reads that candidates must be, "Widows, mothers, at least forty years of age, and married only once."

During the Middle Ages the order of deaconesses passed out of existence, the only substitute being the purely religious organizations of the Catholic Church, so that it was really a revival of this order under Protestant auspices that Fliedner brought about with his deaconesses' institutions for nursing. To work under Fliedner was no sinecure. The probation for deaconesses in the early days was severe, and successful candidates engaged to serve for five years, leave of absence not being granted unless personal affairs or family needs demanded. The essential for all was obedience. There was great need as he had seen in his travels for a more intelligent care of the sick, and such could not be had without system and organization.

His beginnings were of necessity small. A large vacant house was rented, a few of the rooms fitted up with mended furniture and cracked china, and with six sheets and other supplies equally scant on October 13th, 1836, he opened up the Deaconess Hospital of Kaiserswerth, without patients and without deaconesses. This was the first training school for nurses of modern times.

We are told that among the early applicants was Florence Nightingale, but to the blunt pastor, her high social status in England, her delicacy and refinement, ill accorded with the simplicity of the village maidens already engaged for service, and he promptly refused her the requested privilege. It seems that Miss Nightingale persisted, and was finally told with characteristic brusqueness to proceed at once and scrub the floor—a task she readily undertook, and by this and similar acts won her way into the good will of Pastor Fliedner.

From this you will see that the training did not then, nor does it now, include merely a care of the sick as is understood in many institutions. In the term, now of three years, the essentials of housekeeping occupy no insignificant part, and thorough training is given in cooking, sewing, washing and ironing, and similar tasks, even to the repair of bedding and keeping of accounts. At the same time a prominent place is given to the teaching of letter writing, of reading aloud, and of various other devices to entertain and amuse those who are convalescent. The distribution of graduate nurses throughout the country follows a well-defined plan. The deaconesses are sent either to hospitals connected by nursing methods with the parent institution, or again to some town, parish or district which has signified a desire for such aid. It is interesting to know that nearly every town in Germany is provided in this way with deaconesses, who are eagerly sought for to do general or special district work, for which the town assumes the financial responsibility. The facts in all these details are most interesting and Miss Eleanor Kinnicutt and others have given the history in a very pleasing way.

Extension of this institution began early and within a few years additions were made locally and elsewhere which have made it one of the world's great centres of philanthropic work. The pastor, eager to fulfil his purpose for the benefit of all, travelled far and wide forming what he called mother houses and subordinate stations, thus spreading the good work, which by now has affiliated institutions from Jerusalem in the East to the American prairies in the West. The present large hospital at Kaiserswerth, with its 210 beds, is surrounded by numerous buildings, a home and a hospital reserved for the nurses, a holiday house, an orphan asylum, workshops, publishing departments, dairies, and several hundred acres of land. The last good work of Fliedner, viz., the erection of "The Home of Evening Rest," was completed shortly before his death in 1864—a home for such deaconesses as were incapacitated for further service.

I will not weary you with further descriptions of all that has been done, yet one cannot but think that the inspiration from such work will appeal to every thinking individual, to none more so than to those whose work carries them into the field of institutional service. Never before have so many golden opportunities been offered to graduate nurses, never was a young alumnæ association in a better position to initiate grand and good work and yet never is one in so great danger of descending to commonplace existence than when pampered by luxurious surroundings and aided by the labors of a willing few. I have often wondered in looking at the new home which is making rapid strides to completion, how many of our graduates have contemplated seriously the opportunities ahead and the great importance of bestirring themselves now, that good work may be done in other respects than the mere erection of a beautiful structure of stone and brick.

An alumnæ association has, I presume, manifold functions and uses; it has its value as a mutual protective organization, a means of conferring together for the benefit doubtless chiefly of the weaker ones in the profession. It is a support and a source of comfort in time of distress, for through its membership one may look for help in various ways. But it is more than this, for although it has its social side and its opportunities through meetings at stated intervals to bring together the individuals for pleasant concourse and an exchange of the latest news, yet there is a far more serious aspect for which not only the little association depends for its *raison d'etre*, but for its usefulness and self-respect. I refer to the sense of responsibility which its members have of contributing something to the profession and of improving themselves through its medium. Will there, for example, be a literary value to your club, perchance a monthly bulletin containing useful hints for all the members, and others outside of its pale, as well as giving to all interested the news of members far and near, and thus form by its distribution a bond which individual correspondence rarely can achieve? Is it not well in some such way, too, to keep in touch with each other and with various institutions (for it is to be hoped that every graduate constitutes a focus of influence for the good of her school), and thereby ascertain with more reasonable

certainty where and when are desirable opportunities for work and for advancement, be it in hospitals, in district nursing, or even in an army medical corps? So far as I know there is no permanent registration of addresses among your graduates to which all can refer and to which each graduate by mutual understanding forwards her address as changes occur. With an ever increasing membership the needs of some such arrangement should, I think, be obvious.

I take it for granted you will form a library, one of professional as well as of general interest, that you will thus have access to current literature and journals which concern your work. Contributions by you to the nursing magazines of the day help in the specialization of your training, for I take it that as the school increases in size and importance the desire for specializing in nursing, as in medical practice, will be advisable. With an ever-increasing medical and surgical staff in your hospital there will surely be more and more demand in time to come for nurses specially equipped in certain lines of work to fulfil the needs of the varied duties of your profession.

And in connection with your interest in a library and a reading room would it not be well if some one or several of you compile a history of the past decade in the Training School, collecting information that will surely interest all concerned, before it is impossible to gather facts which time so easily obliterates?

Perhaps you will say such aims are Utopian, such plans too vague and ambitious, or again that time scarcely permits of such achievements. Believe me, they are not trifles, and believe me too, there is always time.

Your early training as nurses has tended to routine, you have for a time perhaps lost some of your individuality under the eagle eye of the Senior Ward. But this was a matter of discipline and it has had its uncounted blessings. It has taught, I hope, a full appreciation of the word service, willing service. Routine teaches the value of careful systematic work, and should, if properly regarded, develop rather than retard the individuality. Nowhere as in a new country is there such an ambition for and expectation of immediate results, a desire to attain to a greatness for which when attained, the individual is not prepared. While in European countries, for example, it takes many years of patient waiting and faithful service before the acquisition of an influential practice or a high position in the profession; in this Western Hemisphere more is expected quickly with a correspondingly lower level of ideals. Some one has truly said of doctors, that the early attainment to a large and absorbing practice has usually effected the ruin of their careers, by stunting the development of talents which can only grow in peaceful thinking and faithful quiet plodding. It is somewhat similar with nurses. That you have attained to that successful point where you are assured of work, is but one step in your career; you must do something besides to help your association, to advance your profession, before you are justified in proclaiming a *nunc dimittis*. Do not expect, all of you, promotion to high posts of command. It is not necessary to have such a

place among your colleagues before doing your part. For in the race towards positions of trust few alone can be chosen among the many called. And so, in whatever path of your profession the work may lead, there is an opportunity to do good, to promote the welfare of your school and enhance its reputation.

To some, though to very few, it is given to do those things which can be called original—creative individuals whose ideas are the result more or less of genius. To others again, executive ability, organization in accord with practical needs, are the qualifications for promotion and commendation. Some, however, through no fault of their own, are blessed with neither of these virtues to them remains the no less important opportunity by earnest work, sincerity of purpose and, above all, an appreciation of the lessons of the golden rule to promote that *esprit de corps* in a school which in itself is surely no less important than the piling up of stone and mortar.

CHARLES F. MARTIN.

MONTREAL GENERAL HOSPITAL—A SHORT HISTORICAL RETROSPECT.*

It is always important to know something of the history of an old institution like the Montreal General Hospital, with which we have all been and are now in some way connected, and in which we are all interested. This great charity, like many others, had a very small beginning, and the initiation of the good work was due, in the first instance, to a few philanthropic ladies who, in 1816, established a dispensary and hospital for sick immigrants. About this time, after the war of 1812-14 with the States, and after the disbandment of the armies in 1815 when the Battle of Waterloo broke the power of Napoleon and settled the peace of Europe, there was a great influx of immigrants into this country from Great Britain and Ireland, and it was felt that some provision should be made to treat the sick strangers who had been stranded in their midst. Owing, perhaps, to an early winter and the closing of the great river highways which prevented new arrivals going further up into the country, the towns of Quebec and Montreal were crowded with immigrants who had but little to support them. In these days a voyage across the Atlantic was a perilous undertaking and was rarely accomplished, in the small sailing vessels then used, in less than two or three months, and if the winds were unfavorable and the weather stormy much more time was taken, so people who started in summer seldom arrived before the late fall.

In 1816 a house with four rooms was taken on Chaboillez Square, and this was called "The House of Recovery"—a very

*An address delivered to the Montreal General Hospital Nurses' Club, December 6th, 1905.

hopeful title, you will observe, for a hospital. In Spain they yet call their hospitals "Health Houses," while the Germans and Dutch call them more properly "Sick Houses." The first doctor in charge was Dr. T. P. Blackwood, a retired army surgeon. I have in my possession at the College some very fine cases of instruments which belonged to him.

Later on, in 1818, a larger "House of Recovery" was found necessary, so a house having three wards, capable of accommodating altogether 24 patients, was hired on the north side of Craig Street, near Bleury, and this was called, "The Montreal General Hospital." In 1820 the land on which the front part of the present Hospital now stands was bought (it was then called Marshall's Nursery)—what a pity when land was so cheap more was not acquired, but in those days space and air were not thought to be a desideratum. At a public meeting held on the 25th of April, 1820, more than 85 years ago, with the Hon. Jno. Richardson in the chair, £2,000 was subscribed to erect a building. At this meeting all the prominent citizens were present,—the Molsons, Moffatts, Torrances, Frothinghams, Leslies, Skakels, Ermantingers, Rosses, Gateses, Gillespies, Gibbses, Porteouses, Fishers, Sewells, etc., and Drs. Robertson (1st Dean), Caldwell, Blackwood, Farrendon and Christie were elected attending physicians and surgeons. Isaac Clarke was elected President.

The corner stone was laid on the 6th of June, 1821, with Masonic honors, and the following May the Hospital was ready for patients, there being accommodation for seventy. During the building of the Hospital it was resolved to adopt a method used in the Derbyshire (England) Hospital, viz: to warm the building with air heated by a furnace placed in the basement—then an untried method here. The report says: "Even if no saving should arise from this method the cleanliness and small risk of fire were considered a sufficient reason for its adoption." In the First Annual Report, 1823, is said the following: "The plan submitted consisted of a central building, 76x40, capable of holding seventy-two patients, and two wings, 70x30, to contain an equal number of patients." As funds for the erection of the whole building could not at once be raised, it was decided to erect only the central building. A cupola was also added, "to serve as an ornament to the building and to give light to the operation room below."

The building cost £5,856, about $24,000. In January, 1823, His Majesty George IV. granted a Royal Charter. In 1831 the Richardson Wing was built as a memorial to the Hon. Jno. Richardson, who had been President for ten years and who had been mainly instrumental in organizing the charity. It was erected by the Governors "in memory of a man who was present as chairman at the first meeting held for its erection and whose name stands first on the list of subscribers." In 1848 the Reid Wing was built by the widow of the late Hon. Justice Reid, in memory of her husband. Her portrait and that of her husband are now in the Governors' Hall, part of the Richardson Wing. In 1866, at a cost of $4,800, the land opposite the Hospital was bought by Messrs.

Wm. McIlson and J. G. MacKenzie, the buildings removed, and the part has been kept as one of the lungs of the Hospital ever since.

In October, 1822, a School of Medicine was organized in connection with the Montreal General Hospital by the attending physicians and surgeons, viz.: Drs. W. Robertson, W. Caldwell, A. F. Holmes, J. Stephenson and H. P. Loedel. This school was called the Montreal Medical Institution and had the approval of His Excellency the Governor-General. The first session was in 1824-25 and twenty-five students attended. In 1828 to prevent the relapse of the bequest of James McGill, the Montreal Medical Institution became the Faculty of Medicine of McGill University. This was the beginning of McGill University, and for some time the Medical Faculty was the only one, and in fact was McGill University. So you see how intimately the General Hospital is connected with the University, and is in a way responsible for the fact that the University was established at all. The first professor was Dr. Robertson, an attending physician to the Hospital. In 1831 to 1832 the city contained 30,000 inhabitants. This year cholera broke out and carried off in less than three months one-tenth of the inhabitants, 3,000, and was a busy time indeed for the General Hospital.

The 47th report, for 1869, shows the income to have been $17,047.95, while the expenditure amounted to $22,029.20. I first joined the Hospital as a student in 1869, and then, as has been noted, the expenditure was in excess of income, as it has been ever since, and yet notwithstanding this apparent condition of bankruptcy we still keep our heads above water, and are making pretty strong swimming too. In the year 1869 so alarmed were the Committee of Management at the deficit that they requested the attending physicians to reduce the daily number of indoor patients to 100. This year the new Fever Hospital (now the kitchen and dining room of staff), at a cost of $18,000 ($5,000 of which was subscribed by Wm. Molson), was opened for patients, and proved most opportune, for an epidemic of small-pox was raging, and 150 cases were, in 1869, treated here. This year steam was introduced into the laundry and much needed improvements were instituted in connection with the dead house. In this year our present excellent President was made a Life Governor and John Redpath, the venerable President of that time, died, being succeeded by the Vice-President, Wm. Molson. The present Lord Mount Stephen also was elected a Governor for two years in 1869.

Of the then attending physicians and surgeons only one is alive, and he has ceased to practice medicine, having gone into the Church, and lives now at 84 St. Famille Street. I refer to the Rev. Wm. Wright, M.D., late Professor of Materia Medica and Emeritus Professor in McGill University; at that time he was a very progressive surgeon and had a large practice in the city. Until recently there were two, but Dr. McCallum's death has reduced the number to one. Dr. Geo. W. Campbell was Dean of the Medical Faculty of McGill and Chairman of the Medical Board. Dr. Robert Craik, the late Dean of the Medical Faculty, was on the consulting staff; Dr. R. P. Howard, afterwards Dean of the

Medical Faculty, and then Professor of the Practice of Medicine, was Secretary to the Hospital and one of the attending physicians; Dr. Roddick was Assistant House Surgeon. Eight medical men attended the hospital and acted both as physicians and surgeons; two acted for each quarter, admitting patients week about. There was no division into the physician and surgeon until long after this.

There were in the Twenty-Seventh Annual Report, 150 so-called minor operations, of which thirty-one consisted of amputated fingers, and forty-nine major operations; these included fifteen cases of lithotrity and four of lithotomy. Lithotrity at that time was a new operation; there were no abdominal sections and but one trephining; many amputations, a few excisions and two extirpations of the tongue; seventy-two fractures were treated and six dislocations.

The hospital at the period I first entered as a student consisted of the present building on Dorchester Street, viz., the central building and the Reid and Richardson Wings, and the new fever hospital. On entering the present door one came into a passage of no great width, having on the right the dispensary and apothecary shop, presided over by the late Dr. Rodger, and on the left two rooms, one in front and one behind, the first, lighted by a window, for seeing out-door patients, and the inner one, lighted by gas, as a dressing-room. The two house-surgeons attended to the out-patients in the morning, before the visit of the attending physicians at noon, and reserved all interesting cases for their inspection, At the end of the passage before mentioned ran another passage at right angles to it connecting the two side wings. On the left one entered a series of small wards and one large one, and on the right the private wards, the house-surgeons' and matron's quarters. Upstairs were the lock wards and eye wards in the central building, and the wings contained larger wards, two or three, the stairs being in each wing. As a rule the east wing contained surgical cases and the west medical. The operation room is where the gynecological operating room is now, and was entered from the hall through the middle of the present seats. The garret was occupied by the employees and nurses of the hospital. At this time there were only eighty governors against six hundred or more at the present time. At present the expenditure is over $105,000 a year, and income $95,753, the deficit being two-thirds as much as the whole income in 1869. Instead of one hundred the average number of daily patients in 1905 Report is 195.

Perhaps the great difference that would strike a stranger on entering the hospital would be the size of the wards and the neatness with which they are kept by that modern institution, the trained nurse. In my early student days the wards were all small, none holding more than a dozen beds, and most much less, and the nurses—or Sarah Gamps—I cannot describe them! Some were good creatures and motherly bodies, all uneducated, but mostly kind—which was considered a great desideratum. Some were clean; many looked upon the wine (or brandy) when it was red, and white too—for at this time much was expended on stimulants:

out of $22,000, $2,700 were expended for stimulants. In 1900-01, only $301 was expended, and in the last report it was $661, and this with double the number of patients—a great change indeed. I remember when everybody was given 4 oz. of whiskey, or 8 oz. of port wine daily, and if they were convalescent, or preferred it, two pints of stout or beer.

The day nurses were fairly good, but the night nurses were as a rule untrustworthy. One nurse attended to three flats, and she often appropriated to herself the stimulants deemed necessary to support some sinking patient, and if a patient was obstreperous he was strapped down hand and foot to his bed. I remember on one occasion just before modern nursing was introduced, a little over twenty years ago, going down one evening to see a patient on whom I had operated for strangulated inguinal hernia that morning, and finding him sitting out on the back gallery in his night shirt smoking a pipe, and it was a cold night too. On remonstrating with the nurse she said she couldn't be everywhere at once, but I told her such a thing need not happen to patients who had just been operated on. Next night I went down again and found my patient strapped immovably to his bed and the nurse priding herself on what she had done. This man died of pneumonia.

It was frequently the case that other patients would surreptitiously feed a patient, who had an abdominal section, with bread and milk and even more solid food. I remember one case of enormous inguinal hernia I had operated on that was treated in this way and made a good recovery. This case is the largest inguinal hernia I have ever operated upon. He was a blacksmith and had had his hernia out for many years, and it was getting larger and larger, so that when he came to me he could not wear trowsers the hernia was so large; he wore a kind of modified trouser kilt. I operated on him and found in the hernia sac external to the abdomen all the intestines (with the exception of the duodenum and part of the jejunum and the rectum) and a huge mass of omentum. I tied off several pounds of omentum and then tried to return the bowel to the abdominal cavity, but failed utterly; there seemed to be no room, the space had been so long vacant it had contracted. However, one of my most athletic students got on the operating table and held the patient up by his heels, whilst I with two hands, assisted by my house-surgeon, pushed the intestines back into the abdomen. After many anxious minutes we succeeded and sewed up the opening. When the operation was finished his abdomen could have been used for a big drum. However, he recovered and was living and working at his trade a few years ago with no recurrence of his hernia. This was nearly twenty years ago.

How different is the conduct of the ward now and how carefully each patient is guarded and cared for, and how strictly our most minute orders are carried out by our most zealous and intelligent staff of nurses. One who has not seen the old way could hardly believe the difference. I remember in the seventies when we had the smallpox hospital attachment, some of the clinical clerks whose thirst for knowledge overcame their fear of the disease, or because

they had implicit faith in vaccination, used to accompany the attending physician after visiting his wards to the smallpox hospital; we noticed one very sick man thickly covered with the eruption and quite delirious. On coming to hospital next morning I was told that that evening this patient had taken a header through the two windows (for it was winter and very cold), landed in a snow bank and started to run with nothing on but his night shirt, and in bare feet, to his home in Beaver Hall Terrace. He was pursued, and only caught as he reached his own doorstep. He was brought back, and began to get well from that day. Dr. Osler had charge of this hospital for a year, and was himself a patient, having contracted a mild attack of smallpox during his tenure of office.

In these days it was with the greatest difficulty patients could be induced to go into hospital. It was the popular belief that if ever they went in for operation they would never come out alive. Now how changed is the aspect of affairs—people want to go to hospital for operations, to save upsetting of their homes, and because they think the advantages there of equipment, nursing and attendance are better and the chances of recovery greater. The wards are now run in a regular, orderly way, charts and records hang over each bed, patients kept tidy and the ward clean and dustless and no cobwebs. When I first entered as a student no records were kept, the clinical thermometer had not yet come into use, the patients had to a great extent to look after themselves; fresh air was not thought to be a necessary adjunct of treatment; at night armies of rats disported themselves about the wards, picked up stray scraps left by the patients, and sometimes attacked the patients themselves. We had no neatly dressed nurses to preside over our operating room, but our instruments were looked after by a man who when he had finished with the operating room assisted at post-mortems and acted as general factotum in the dead house. No wonder so many cases of operation died. We knew nothing of germs or sepsis or antisepsis, but surgeons operated with dirty instruments and septic hands or septic parts, and wore as a rule coats which had for years been baptized with the blood of victims. Now the operating room is presided over by a nurse who knows more about asepsis than the surgeon, who is deeply versed in all kinds of instruments and their uses, and who knows how to prepare sutures and ligatures, dressings and bandages, lotions and antiseptic paints, so that germs have no place in her kingdom, but are driven out by her coadjutor angel, Heat, whose fiery sword does not drive them to the bottomless pit, but destroys them utterly. She also with her assistant instils a horror of micrococci and bacilli and all other micro-organisms into the minds of her pupils so that instinctively they learn to avoid contact with them, and can tell them from afar. Cleanliness is the sole secret of success in surgery, scientific cleanliness, I mean. And the surgeons—how different is their dress, how fresh and clean they look in their boiled suits, the hands covered with rubber gloves and only the face exposed, and now even the face is covered with a mask by some purists to prevent contamination of the wound by the breath.

In Germany in many places they rinse the mouth out with brandy previous to operating, and then spit it out or swallow it. It is said tobacco chewers have no germs in their mouths; this is a point for surgeons to think of. When I attended hospital in London many years ago the older surgeons always operated in dress suits and spotless white shirts. It was considered an evidence of good surgery to perform, an amputation say, without getting any blood on one's cuffs or shirt front. I have seen Sir William Ferguson perform the most bloody operations without getting a drop of blood on his shirt. I first saw antiseptic surgery in Edinburgh, in 1874, where Mr. Lister was one of the surgeons and used a hand spray to operate under and also for dressings. The steam spray was afterwards introduced, but I never used it, having commenced about 1878 with dry dressings, as recommended by Mr. Sampson Gamgee, of Manchester. For some years operations were conducted under a fog of carbolic spray, which saturated operator, patients and onlookers, and in this way rendered them antiseptic. Later on these were discarded and huge pitchers and jars of water were used to cleanse the patient and field of operation from time to time. Gradually the river of spray and water dried up, and aseptic operating became the fashion, and has remained so for some time.

In 1872 the Hospital had a surplus for the first time, owing to rigid economy in expenditure, and also to the largely increased number of subscribers. This year also the Medical Board recommended that no more smallpox cases be received and that the city provide a hospital for smallpox, as is done in other smaller and less wealthy cities; but nothing came of it and for some years the Hospital continued to receive smallpox patients, and the city had no special smallpox hospital until the great epidemic of 1885, when there were in the neighborhood of 5,000 deaths. This year, 1872, Donald Smith (Lord Strathcona) and Geo. Stephen (Lord Mount Stephen), were made Governors. A Children's Wing (Morland Wing) was built this year at a cost of $10,000, from money left by Mr. Morland, and some given by Mr. Thos. Cramp and Mr. Geo. Stephen. This year was the fifth year since the Hospital obtained its Royal Charter and this year also was Dr. Osler's graduation year and his last year as a student in the Hospital. I was in my third year then.

In 1875 it was decided to institute a system of trained nurses, and for this purpose Miss M. Machin, a Canadian, was brought over from the Nightingale School at St. Thomas' Hospital, with a supply of trained nurses, twenty-five in number, all members of a nursing sisterhood. The old methods were abandoned and new methods adopted. For two years this was tried, but so much jealousy was aroused and so many incompetent servants dismissed that Miss Machin, who herself was not of a very submissive nature, had a very hard road to travel. Many conspiracies to undermine her were started, and altogether there was not a very pleasant time there for anyone. I acted as house-surgeon part of the time and know something of the trouble. There were faults on both sides, but the medical service was better then than it had ever

been before and scientific nursing was for the first time seen in Canada. All the nurses belonged to a sisterhood, in a way religious, and somewhat High Church, and this aroused the enmity of some people belonging to other denominations and also of the Low Church. Again, the cost of running the Hospital was naturally much increased, so the experiment ended after two years, and Miss Machin withdrew with all her nurses, the Hospital relapsing into its old ways of slovenly haphazard nursing, and the patients and doctors both suffered in consequence. Some of the nurses remained on this side, however, and one, who afterwards became Mrs. Strong, started a private hospital which was much patronized by the surgeons of that day who were trying to adopt modern surgical methods. All my early operations were performed in her hospital, and I have never had better success in grave cases than I had then.

With the advance of antiseptic surgery elsewhere and the adoption of modern nursing methods in the cities of the neighboring United States, it was felt that if one were to keep up with the times an effort must be made to introduce a better kind of nursing. For a time when Miss Rimmer was Lady Superintendent an attempt was made to create a training school, and Miss Maxwell, now of the Presbyterian Hospital, New York, was engaged to organize, but there was so much confusion and opposition from the very persons who ought to have encouraged new methods, that this scheme also fell through, and Miss Maxwell left us for the States. Miss Rimmer now resigned owing to ill-health and after trying several lady superintendents with more or less success, Miss Livingston, who had recently graduated from the New York Hospital, was asked to take charge, and immediately reforms began and a new system of nursing was introduced, which has developed into the magnificent training school we have now, than which I know of none better on this or any other continent. Miss Livingston had the good sense to make the changes slowly, but no less surely; gradually the old nurses were got rid of, new, better educated, and younger ones obtained, and a training school established. With the improvement in nursing came the improvement in the wards and operating rooms. New surgical wings were built and the old part of the Hospital was remodelled, until now we have a modern hospital. There is still some room for improvement in the building, and a new outdoor department and private wards are most necessary, and there is now a movement on foot to obtain these, which I am sure will be quite successful in the near future.

I must not close this fragmentary historical address without alluding to the late Mr. Wolferstan Thomas, who did so much for the Hospital and the nurses. He it was who collected the money to build the beautiful Nurses' Home you are all so familiar with, the corner stone of which was laid by Lord Lister in 1897. He and Miss Livingston worked hand in hand for the good of the Hospital and the efficiency of the Training School, and not one of you, I am sure, is not proud of your Hospital, your Training School, and your Lady Superintendent. I know you will all loyally uphold your *alma mater* and do everything to advance its interests, feeling that if its reputation is injured yours is also, feeling

that the high standard of conduct and nursing which Miss Livingston has instituted will ever influence you in your voyage through life and be a stimulus to you all to strive to attain higher standards in the future.

FRANCIS J. SHEPHERD, M.D., LL.D. (EDIN.), F.R.C.S.E. (HON.)
Senior Surgeon to the Montreal General Hospital, Montreal.

THE GUILD OF ST. BARNABAS.

The Guild of St. Barnabas for Nurses was founded in London, Eng., on St. Barnabas Day, 1876, by a few friends who were interested in the spiritual welfare of the nurses. The aim of the Guild is purely religious. It concerns itself not with the technical details of a nurse's work, but with the hidden world of aims and motives —with character, its roots and unfolding. Its object is to assist trained nurses to maintain a high standard of faith and practice in the exercise of their profession, "for the amendment of their lives and souls and to nourish more love."

In 1900 the membership was nearly 2,000, and in 1904 (the latest statistics) had reached nearly 4,000, and is steadily increasing, with branches in India, Africa and Canada. A branch was started in Montreal about seven years ago and in Toronto in 1900, with Canon Welch as Chaplain, and Mrs. Broughall as Superior, Mrs. Welch being made Superior in 1902. A branch has also been started in Ottawa.

A nurse wishing to join must be a communicant of the Church of England, and must be first admitted as an associate for six months, and after satisfactory probation is received as a member. The Toronto branch has been increasing very slowly since its formation, but this year an effort is being made to draw within its fold the nurses of the various hospitals and nurses' homes, etc., that all may share in the privileges of membership. The meetings are held on the last Friday of every month in St. James' Rectory, at 8 o'clock p.m. The nurses are cordially invited to attend.

The following is the report of the eighth annual meeting of the Montreal Branch of St. Barnabas' Guild, held January 16th, 1906:

Since our last annual meeting ten nurses have joined the Guild as associates, while six have received their medals and become full members. A former member of the Toronto Branch has been transferred to the Montreal Branch, and another member, who resides in British Columbia, has been transferred here from England. We have now 59 names on our list, 48 of whom are full members, and 11 are associates. As in former years many of the members and associates are living away from Montreal, but at the nine meetings held during the year the average attendance has been 14.4 at each meeting, besides visitors and the officers of the Guild.

The greater number of the meetings have been held at St. John

the Evangelist Church, and the addresses given by the chaplain or the Rev. Mr. Donel, rector of the Church of the Advent. The January meeting was to have been held in the Royal Victoria Hospital, when the Bishop of Vermont had promised to give the address, and a large attendance of members and other nurses was expected, but these arrangements had to be cancelled owing to a fire in the Hospital a few days before the date fixed and the meeting was therefore held in the usual place.

We are happy to be able to report that the Bishop fulfilled his promise and came to Montreal on February 6th, when Miss Henderson, Superintendent of the Royal Victoria Hospital, invited the Guild to hold a meeting there. Through the kindness of Miss Livingstone, Superintendent of the Montreal General Hospital, the May meeting was held in the chapel of that institution, and the members were afterwards entertained in the Nurses' Home. At this meeting the address was given by the Rev. Mr. Wood, rector of the Church of St. John the Evangelist. On the occasion of the November meeting the members were hospitably entertained by two of their number at the Nurses' Club.

St. Barnabas Day (the Guild Festival) falling on a Sunday, many of the members attended the usual 8 a.m. celebration at St. John the Evangelist Church; while on Tuesday, June 13th, when the festival was kept, there were celebrations at 6.30 and 7 a.m. The anniversary service was held in St. John the Evangelist Church at 7 p.m., and after the service the party adjourned for supper to Miss Stikeman's, where a pleasant evening was spent in music and conversation.

By the kindness of the Lady Superintendents of the Montreal General and Royal Victoria Hospitals, as a new feature of the work of the Guild, celebrations of the Holy Communion are now held every two months at each of these hospitals at 6.15 a.m. on the day of the Guild meeting. These celebrations evidently fill a felt want, as there have been on each occasion a large number of Guild members present, besides other nurses who are communicants of the Church of England.

Though strictly speaking not the work of one Branch alone, but in union with the Branches in Canada, we may perhaps refer here to the fact that during the past year an important step has been taken in the formation of a Canadian District—in accordance with the regulations set forth by the Council General for the formation of the Districts without the United Kingdom—this District to include the three Canadian Branches of Montreal, Toronto and Ottawa, and any others which may subsequently be formed in the Dominion. Before making application to the Council General for permission to form this District, the whole matter was most carefully considered, and in this connection it is well to mention the work undertaken by the chaplain in the drawing up of a pamphlet for distribution setting forth the new regulations of the Council General and the benefits likely to accrue from the formation of a Canadian District. The question was submitted to a meeting of this Branch held March 28th, when the following resolution was adopted and ordered to be sent to the

Board in England in time for the general meeting: "That application be made to the authorities in England for the formation of a Canadian District, in accordance with Article VII (*a*) as to Districts throughout the United Kingdom, recently incorporated in the Constitution of the Guild." On receiving the required permission from the Council General, a District Council, including representatives from Toronto and Ottawa, was formed, Mrs. Stikeman being unanimously elected District Superior, and Rev. A. French, District Chaplain. A District Secretary and Treasurer were also appointed and arrangements made for holding four meetings during the year. In leaving this subject we can only express the earnest hope that, under these new conditions, our Branch, with the whole Canadian District, may look forward to a period of increased prosperity and usefulness.

It has been suggested that the work of the local Branch would be furthered by the appointment of a local committee, consisting partly of nurses in training and partly of nurses in practice, whose especial work it would be to make the existence of the Guild more generally known, to increase the membership, and to assist the Superior in the social work. It has also been suggested that while the present hour of meeting, 8.15 p m., is very convenient for nurses in training or on the staff of the hospitals, it is the most inconvenient time for nurses who are engaged in their professional work in private practice. The question as to how this difficulty may best be met should be considered by this Branch.

In conclusion, the Chaplain has requested the Secretary to recognize and emphasize the work done by Miss Emily Wand, as acting Secretary during her absence in Europe, and also to mention the help it has been to the Guild for the Secretary to have personally met, while in London, those of the mother Guild who are so deeply interested in its welfare.

"WHILE I speak with all humility, I venture to think that a predominantly scientific education has one besetting sin, the sin of narrowness. In particular it is liable to mistake the part for the whole, and to think that the conceptions of science, and even the conceptions of physical science are in themselves sufficient to explain the mysteries of this most wonderful universe. If there is one thing more certain than another, it is that no materialistic hypothesis can ever explain those mysteries. 'Great are the works of the Lord, and worthy to be sought out by those that have pleasure therein.' But they are great because they are God's works, and if we, the humble searchers after knowledge, are able to distinguish truth from error and good from evil, it is because in Him we also, every one of us, live and move and have our being."—From an Address to the Medical Students at Leeds, by Arthur James Balfour.

DRAFT OF PROPOSED BILL FOR REGISTRATION OF NURSES AND INCORPORATION OF THE ONTARIO REGISTERED NURSES' ASSOCIATION.*

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. The persons who shall cause their names to be registered under the provisions of this Act shall be and are hereby constituted a body corporate and politic, under the name and style of "Ontario Registered Nurses' Association" (hereinafter called the Association), having a perpetual succession and a common seal.

2. The Association shall have power to acquire, hold and dispose of personal property and real estate for the purposes of this Act, and shall have power to publish a magazine or nursing journal, and may sue and be sued in the manner usual with such corporations; Provided always, that the Association shall only have power to acquire and hold such real estate as shall not at any time exceed an annual value of $5,000.

3. (1) The Association may promote and increase by all lawful ways and means the knowledge, skill and proficiency of its members in all things relating to the profession or calling of nursing, and attending under the direction of a qualified medical practitioner sick, wounded, injured or diseased persons, and maternity cases, and to that end may establish training schools, classes, lectures and examinations, and generally prescribe such tests of competence, fitness and moral character as may be thought necessary or expedient to qualify for admission to membership, and may grant diplomas and certificates of general efficiency, and may authorize its members to use the distinguishing title of "Registered Graduate Nurse" as a guarantee of competency, or may grant diplomas and certificates of efficiency in any branch of the said profession or calling of nursing and attendance.

(2) The Association may also prescribe for nurses who may desire to become members of the Association such courses of study and training, and such examinations, and may grant to them such certificates of competency as it sees fit; and may organize the said students into a society in affiliation with itself for study and mutual improvement.

4. (1) The Association, in general or special meeting assembled after due notice, may make by-laws for carrying out its objects, and may vary, alter or repeal the same from time to time; and after the first set of by-laws has been made no new one shall be made, nor shall any by-law be altered or repealed except by a two-

*Ratified by The Graduate Nurses' Association of Ontario at a Special General Meeting held in Toronto, December 28th, 1905.

thirds vote of the members present at a meeting of the Association, and only after at least four weeks' notice of the proposed alteration or repeal shall have been given to the members of the Association.

(2) The notice mentioned in subsection 1 of this section may be given by mailing a printed or written copy of such notice to each member of the Association in good standing at his or her address as given in the register of the Association.

5. The affairs, business and concerns of the Association shall be managed by a council (hereinafter called the Council) of fifteen persons and the members of such Council shall, in the first instance, be appointed by the Lieutenant-Governor in Council within one month after the passing of this Act.

6. (1) The Council shall be composed of the following persons, namely:—

(*A*) Four duly qualified medical practitioners.

(*B*) Eleven persons, all of whom are members of the Ontario Registered Nurses' Association, and have been in practice of their profession or calling of nursing for a period of five years from the date of their graduation; three, and not more than three, of whom may be nurses who have had at least three years' experience as superintendent of a training school for nurses.

7. The Council, as appointed by the Lieutenant-Governor in Council, shall hold office for the following terms respectively:—The first two persons named of the class mentioned in clause (*a*) of section 6, and the first three named of the class mentioned in clause (*b*) of section 6, for a term of three years; the second two named of the class mentioned in the said clause (*a*), and the second three named in the said clause (*b*) for a term of two years and the remaining members for a period of one year.

8. The members elected to fill the vacancies caused by the retirement of the members so appointed and all subsequent members of the Council shall hold office for three years from the date of the declaration of election, and shall be elected by voting papers or otherwise in such manner as may be provided for by the by-laws of the Association.

9. No person shall be eligible to the Council or qualified to fill any vacancy thereon who is not a British subject resident in the Province of Ontario.

10. A majority of the members of the Council shall form a quorum.

11. The Order in Council appointing the first members of the Council shall name a time and place for the first meeting thereof and at the said meeting and thereafter at the first meeting of the Council, held after the annual meeting of the Association the members of the Council shall elect from among themselves a president, a vice-president a secretary, a treasurer, and such other officers as may be provided for by the by-laws. In the event of the office of president becoming vacant the vice-president shall become presi-

dent of the Association for the remainder of the term. All other vacancies among the officers or the members of the Council shall be filled by the Council; and the Council shall have power to remove from office any officer for misconduct or other just cause, and to appoint his successor for the remainder of the term.

12. The Association may by by-law provide for an annual fee to be paid by all members of the Association, but such fee shall not exceed the sum of $3.00. The Association may by by-law also provide for a registration fee, and may vary the amount from time to time, and until the passing of such by-law, the Council may fix such fees.

13. No member shall be personally liable for any debt of the Association beyond the amount of his or her unpaid fees or subscription as aforesaid.

14. All fees payable by members of the Association may be recovered as ordinary debts due to the Association.

15. All nurses, resident in the Province of Ontario, who prior to the passing of this Act have graduated from hospitals of good standing, which give a training of two years or over, shall be entitled to registration as members of the Association upon satisfying the Council as to their competence, fitness and moral character; and upon making application to the Secretary of the Association within one year after the passing of this Act, and upon paying the prescribed fee.

16. The Council may, by a vote of two-thirds of all the members thereof, admit to the membership of the Association, without examination, such nurses from hospitals of good standing as may, by reason of their general professional reputation and standing, be deemed qualified for membership.

(This section shall also apply and be deemed to include all pupil nurses in such hospitals in training at the time of the passing of this Act.)

17. (1) The Council shall cause to be kept by the Secretary a book or register, in which shall be entered in alphabetical order the names and addresses of all members in good standing, and those members only whose names are so entered shall be deemed entitled to the privileges of members of the Association; and such book or register shall at all times be subject to inspection by any person free of charge.

(2) Such register, or a copy of the same, duly certified by the Secretary, shall be *prima facie* evidence in all courts and before all persons, that the persons therein specified are members of the Association in good standing, and the absence of the name of any person from such book shall be *prima facie* evidence that such person is not a member of the Association.

18. The Association shall have power to limit the term of all diplomas or certificates granted by it to one year from the date of granting the same, and shall have power to withhold the granting or renewal of the same, together with all the other privileges of

membership, from any person who neglects to pay the prescribed fees when they are due, and so long as such neglect continues.

19. The first general meeting of the Association shall be called by the Council, and shall be held within six months after the passing of this Act, and thereafter an annual meeting of the Association shall be held at such time and place, and under such regulations and notices, as the by-laws of the Association shall provide.

20. All members of the Council and officers shall hold office until their successors are elected or appointed.

21. Every duly qualified medical practitioner elected to the Council shall during his term of office be *ex-officio* a member of the Association.

22. No person shall be entitled to take or use the name of "Registered Graduate Nurse," or any letters or abbreviation of the said name, either alone or in combination with any other words or letters, or to take or use any description implying that he or she is a member of the Association, unless such person is a member in good standing and registered as such.

23. (1) Every person violating the provisions of the next preceding section shall be liable on summary conviction thereof before a justice of the peace, to a fine not exceeding $50, to be recovered and enforced in the manner provided by the *Ontario Summary Convictions Act.*

(2) Any sum or sums received from convictions and fines, as aforesaid, shall be paid immediately on the recovery thereof by the convicting magistrate to the treasurer of the Association.

(3) Any person may be prosecutor or complainant under this Act, and the Council may allot such portion of the penalties as may be deemed expedient towards the payment of such prosecution.

24. The Association may by by-law provide for the suspension or expulsion of any member for misconduct or violation of the rules or by-laws of the Association on complaint, and after due enquiry by the Council or a committee thereof.

25. After the appointment of a Secretary by the Council, no person who is not registered as a member of the Association in good standing shall be appointed to act as nurse in any hospital, asylum or other institution, maintained by the Province of Ontario, for the reception of sick or diseased, or maimed, or physically, or mentally defective, or insane persons.

26. There shall be paid to every registered member of the Association summoned to attend any court, civil or criminal, for the purpose of giving evidence in a professional capacity, or in consequence of professional services rendered by such member as a nurse, for each day of attendance at such court, in addition to travelling expenses (if any), and to be taxed and paid in the manner by law provided, with regard to the payment of witnesses attending such court, the same fee or allowance as is payable to duly qualified medical practitioners.

OUR PROFESSION.*

Now that we have graduated, the scene has changed; but this change comes gradually; as we became more experienced, and were given charge over others, we realized that not only is the way of transgressors hard, but that uneasy must lie the head that wears the crown.

I am sure that we appreciate more than we can express, the valuable counsel which we have from time to time received from our esteemed superintendent. Our years of training form a romance which will always be pleasant to reflect on, and the occasional summons to Miss Patton's room, and the conditions leading up to it, have but lent color to what might otherwise have been a monotonous course. Furthermore, had we never transgressed, we would have been denied the valuable counsel of which I have already spoken. As Emerson says, "There is usually some good comes out of every evil." However, I hope our successors will not misunderstand me; I would not advise them to experiment along this line.

I am sure we cannot over-estimate the value of our training, of which discipline is the very essence. It teaches us to make exact observations; to understand exactly; to know exactly; to do exactly, and to tell exactly, in such a stupendous issue as life and death. It teaches us self-control, method, order, all, in fact, that develops the best that is within us. Having reached the goal which we have in view when we enter upon our course of training, we now realize the great responsibility of our profession.

A brief review of the advances in the nursing profession in the past decade is very interesting, and these advances are being made in every country in the world. A more thorough and uniform curriculum, a higher standard of education, as a necessary qualification for entrance to the several training schools, the facilities for post-graduate teaching, the establishing of alumnæ associations by which graduates may keep abreast of the times, all tend to elevate the profession to the high and noble position it so justly deserves. Two bills are at present before the Commons in England, one for the promotion of the higher education and training of nurses, with a unity of curriculum, and the other for the registration of nurses.

Why should we tolerate quacks in our profession any more than in any other profession? I am sure that in our efforts to secure legislation to that end, we will receive the hearty endorsation of the medical profession. In expressing this opinion, which is held by the past and present graduates, we hope that our trust and confidence may not be misplaced in any regard.

JESSIE DENMARK.

* Valedictory address at the recent graduating exercises, Grace Hospital, Toronto.

NURSES IN PUBLIC SCHOOLS.

Before the nurses began work in the public schools of New York City, it was found that the children who were sent home for treatment on account of contagious diseases, in many instances never received any care whatever. The parents would look at the printed card and read what they could of it, and with the explanation given by the child come to the conclusion that nothing much was the matter, and leave him to get well with nature's assistance. The child, instead of being attended to, was allowed to run on the street and play with the other children as they came out of school, thereby coming as much in contact with them as if he had remained in school. It will be seen that the contagion was not being lessened in the community, and the child was not only not receiving any medical attention but was also losing his schooling.

At this time it occurred to Dr. Lederle that something more must be done, and he consulted with Miss Wald of the Nurses' Settlement, and Dr. Burlingham, President of the Board of Education, and they decided that a nurse might prove of benefit in the schools.

A nurse was asked to make the test for a month, and a group of four schools was chosen in the most crowded part of the city. She began by visiting the principal of each school and making arrangements for a place to work (any place being accepted where there was good light and water), a time for beginning, and also a system for having the children come to the "dressing room." The doctor was also consulted, and the most practical plan arranged for carrying on the work with the least possible inconvenience to the teachers. The time given to each of the first three schools was one hour, and by beginning at nine these were attended to in the morning. The school having the largest attendance was left until one or one-fifteen, and the work finished by two-thirty or possibly three o'clock. This all depended on the number of children requiring attention.

Before leaving each school a list of those sent home for various ailments was obtained from the principal or clerk. These children were visited the same day by the nurse, and the reason for exclusion explained to the parents. If a physician was required, they were advised to have one; if too poor to pay, the proper dispensary was indicated. If the child was excluded for some reason which could be remedied if the mother knew what to do, she was given directions, and in nearly every instance was extremely grateful. The children soon learned what was being done, and some came back with their cards still sealed as they were when taken home.

The teachers took kindly to this new effort, and would bring lists of absentees and truants who could not be reached, and ask the nurse to please see what she could do, explaining that they knew it was not part of her duty, but that she would have more influence. I may say that very little difficulty was found in getting

them back. Children, who had been away from the beginning of the term in September, with a few days' care in dispensaries, or with the proper use of ointment obtained from them, were returned and kept in school.

A great many children, almost all girls, were excluded on account of unclean heads. It was seen that great efforts had been made to remedy this, the scalp in many cases being broken from vigorous combing, but still not clean. When the mother was told the proper way to use kerosene and sweet oil, and after thoroughly cleansing with hot water and soap, the use of vinegar and the reasons for doing so, the result obtained was remarkable.

In October, there being twenty school days of which six were Jewish holidays, children were seen and cared for 893 times, and 137 visits were made to the homes. The work proved so successful that early in November the nurse was appointed as a regular member of the Board of Health.

At this time the Department of Education offered to give the supplies needed, and have continued to do so.

On December first eleven nurses were appointed, and forty-four schools were taken charge of. The result of this month's work was so satisfactory that an appropriation was made by the city to carry on the work for the following year. In February the staff was increased to twenty-eight, twenty-seven nurses working in the schools and one supervising the general work. One hundred and six schools are being visited and an attendance of over one hundred thousand children carefully watched.

The teachers have many times expressed their gratitude for the assistance it has been to them, and the effect it has had on the general cleanliness of the pupils, the standard being much higher now than ever before. The parents are very grateful, too, and send their thanks in various ways, sometimes on paper not the most aseptic. It is all encouraging, and when one remembers that a child's school life is short at the best, it is with a sense of gratitude that we are allowed the privilege of being able to give, even in the least degree, our share of help to those who cannot help themselves.

The work entails great responsibility, and the nurses who take it up should be well qualified, not only by having large experience in different phases of nursing, but by having the child's interests at heart, and also a due regard for the positions of those with whom they are brought in contact.

LINA L. ROGERS,

Supervising School Nurse, New York and Brooklyn.

NOT a day passes over the earth but men and women of no note do great deeds, speak great words, and suffer noble sorrows.—CHARLES READE.

Reports of Nursing in Hospitals.

SCARLET FEVER COMPLICATED WITH ADENITIS, OTITIS MEDIA, NEPHRITIS, AND PEMPHIGUS VULGARIS.

B. M. aged 5, female, admitted June 5, 1905, with scarlet fever. Sore throat, strawberry tongue, rash well developed. Temp. 104, pulse 148, resp. 28. Urine amber, acid, 1028, faint trace of albumen, a few pus cells and urates.

Treatment, milk diet, throat swabbed with resorcin and alcohol, ichthyol 50 per cent. in lanolin, applied to eruption.

June 19. Temp., which had declined, rose again to 104, cervical glands painful and enlarged, Antiphlogistine applied. Urine amber, acid, 1,000, a trace of albumen, micros. negative.

June 20. Rash disappeared. Temp., which had ranged from 100 to 103, gradually declined until 27th inst., when it became normal and remained so until 30th.

June 22. Urine normal.

June 27. Pulse very irregular, markedly so in the night.

June 29. Urine amber, acid, trace of albumen, leucocytes, pus and epithelial cells.

June 30. Temp. 102.4, pulse 120.

July 1. Application of resorcin and alcohol to the throat discontinued. A mixture of potass citrate and liq. am. acet given. Quality of pulse improved.

July 2. Tem. 103.4, pulse 126, left ear very painful, ordered to be syringed with sod. bicarb. solution, and heat to be applied; on the 14th inst. tension was relieved by a free discharge of pus, which ceased July 27.

July 3. Urine dark red, scanty, amount for 24 hrs. ℥ xv 1010 acid, loaded with albumen, bacteria, and red and white blood cells. The patient vomited. Ichthyol inunctions discontinued.

July 4. Hot packs ordered to be given t. i. d., they were very effectual and were continued daily until 22nd inst., when amount of urine had increased to ℥ xxxiv for 24 hours.

July 6. Urine contained pus and epithelial cells.

July 12. Temperature normal since 4th, rose to 100.4, pulse 114, and continued until 25th to range from 99 to 101.2. Red erythematous patches, slightly painful, appeared on face. Bichlor. of mercury 1 in 10,000 was applied to the painful blotches, which, on the 14th, became bullous, the bullæ varying in size from a pea to a 50c. piece, and pendulous from the large amount of fluid contained. Successive crops appeared on the neck, back, abdomen, pubes and thighs, each beginning with a painful spot

which developed into a bulla, which, when emptied, left an excoriated surface itching and drying off in scales, leaving reddened maculæ some ¾in. in diameter. The diagnosis of Pemphigus Vulgaris was made, for which were ordered warm alkaline baths of soda bicar. 5 per cent. t.i.d., denudation of the bullæ and application of sulphurous ac. 25 per cent. in glycerine to exposed surface, and capsules of boracic ac. grs. iij internally q. 6 h. The condition of the kidneys, for granular casts had appeared in the urine, contraindicated the use of arsenic which, according to Mr. Hutchinson, the English dermatologist, is an almost unfailing remedy. The alkaline treatment was, however, most successful, for, on 25th, only one new bulla appeared, and the macular condition of the skin had almost disappeared. As, according to some authorities, Pemphigus is due to the action of a streptococcus, the nurse, when giving treatment, was directed to wear rubber gloves, and when denuding the bullæ took care not to let the fluid run over the skin. Pemphigus has three well-marked varieties, (1) Pemphigus Vulgaris, (2) P. foliaceous, (3) P. vegetans, and is a very rare disease. Erasmus Wilson, of England, reports 19 among 10,000 cases of skin diseases, and Stelwagon, of Philadelphia, has seen only 4 in 6,000. Its origin is obscure, some authorities attributing it to a disorder of the nervous system, others considering it to be of bacterial origin.

Victoria Hospital, London, Ont. EDITH MAYOU.

A SUCCESSFUL CASE OF NEOPLASM OF PYLORUS.

On the eighth day of July, 1905, a male patient, age fifty-six, was admitted to our Hospital for treatment. When admitted, patient was suffering from severe pain over abdomen and persistent vomiting. The pain it appears had been more or less present for six years, the nausea and vomiting for about a year. The patient was poorly nourished, emaciated and anemic. Sullen, irritable with the intense pain, forlorn and uncared for, his whole appearance and condition was pitiful and anything but encouraging.

Treatment.—For two weeks after patient's entrance to Hospital, lavage of the stomach together with electrical treatment by the faradic current was given daily.

A liberal diet of fruit, fish, eggs, toast, game, butter, brown bread and milk was given. The nurses used every possible device and contrivance to make patient's meals dainty, nourishing and tempting repasts, but with apparently little success, patient's condition continuing very weak and the vitality low. Meanwhile constant effort was made to alleviate the intense abdominal pain and distension by means of hot turpentine stupes, hot fomentations, linseed poultices, and turpentine enemata. On the sixteenth

day, a test meal was given, the stomach being washed out with a solution of boracic acid, the syphoned contents being submitted to examination, upon the result of which it was decided to operate—the diagnosis being "Neoplasm of the Pylorus," the operation taking place on the twentieth of July.

Patient's condition during the operation was precarious, and an intravenous saline Oi was given, together with stimulants hypodermically.

Treatment after operation.—On patient's return to ward, a nurse was detailed to look after the case solely—good nursing being now the only hope the doctors held out to carry him through.

Strychnine sulph., grain $\frac{1}{60}$ was given q. 4 hrs. hypodermically, and rectal saline Oi q. 3 hrs., together with stimulants per hypo. q. 3 hrs.

External heat was kept up unremittingly by means of hot cans and hot water bags.

For the first week after the operation all feeding was given by means of nutrient enemata q. 4 hrs., alternating with rectal saline Oi. The nutrient enemata consisted of peptonized milk c. s.v. y. albumen c. soda water and champagne.

During the second week after the operation, small quantities of tea, albumen water, water gruel, beef tea and orangeade were given per mouth, and this diet was gradually augmented by light boiled custards, jellies, sago puddings, strained soups, thin bread and butter, broiled chicken, scraped beef, and sweet breads, until by the end of the fourth week patient was able to have almost anything he had a desire for.

Out of the sixty days spent by patient in the Hospital, forty-five were spent in bed, when patient was utterly helpless, unable to move hand or foot alone—and owing to the lack of vitality of the patient, his weak and anemic and emaciated condition, it was a difficult matter to prevent bed sores, but by unremitting care and attention not even an abrasion of the skin occurred.

During the long weary days and still more weary nights of pain, weakness and helplessness, every possible attention was given towards rendering the patient's condition as comfortable as possible. Daily bathing, night and morning, frequent sponging with alcohol, absolutely clean and dry linen, small pillows, hip-rings, soft pads, all were utilized to bring about the desired result.

On the sixteenth day, patient left the Hospital, having gained in weight, put on flesh, free from pain, brighter in spirits, and once again able to resume his life, with renewed vitality, vigor and energy.

E. A. WRIGHT, Nurse-in-Training,
Montreal Western General Hospital.

TECHNIQUE TO BE OBSERVED IN THE OPERATING ROOM OF THE TORONTO GENERAL HOSPITAL.

Bearing in mind the use to which the amphitheatre is devoted, great care should be exercised to keep the floor and seats of that part occupied by the students as free from dust as possible.

Preparation of Arena for Operation.—The floor should be scrubbed at least once daily with soap and water, and afterwards thoroughly wet with a solution of bicloride of mercury, 1-2000. The walls, seats, fixtures and all movable apparatus should be scrubbed once a day, and afterwards washed with bicloride solution, 1-2000. The operating table should be thoroughly wetted with carbolic solution, 1-20, immediately before each operation. If the table has been used for a septic case, it should have a thorough scrubbing and douching with soap and water followed by bichloride solution immediately after the operation.

Dress of Surgeons.—The operating surgeon and all assistants should be clothed in sterilized gowns with sleeves long enough to be overlapped by the gloves, and with caps provided with visors to cover the nose and mouth. Each surgeon may, and assistants shall, wear rubber gloves, and care should be taken that these gloves are free from holes.

Dress of Onlookers.—All onlookers on the floor of the operating room in important operations should be clothed in gowns and caps with visors. No such onlookers are, however, to be admitted except by consent of the operating surgeon.

Dress of Nurses.—Similar to that of operating surgeons and assistants except that the cap should be of folded gauze, large enough to cover the hair. The gowns, caps and gloves of all surgeons and nurses should be put on by a nurse (sterilized) detailed for this work. This nurse should take pains to avoid touching any part of the clothing of those whom she is dressing, and, in case of such accident, she should frequently rinse her own hands in bichloride solution, 1-2000. She should not assist in this work after putting on her gloves preparatory to handling the sponges.

Sterilization.—All linen, gowns, caps, towels and dressings should be sterilized by steam at a pressure of 15 lbs. for at least half an hour.

In the case of prepared dressings, such as iodoform gauze, double cyanide gauze, or other manufactured gauzes, the receptacles containing such should be sponged off with bichloride solution, 1-2000, before being opened, and should be handled by sterilized hands and instruments, such as forceps for removing the gauze.

Tubes of sterilized catgut, silkworm gut, horse hair and silver wire should be kept completely covered in a carbolic solution, 1-20 (this solution should be changed once a week), and removed therefrom before the operation to sterilized water or an antiseptic solution. Silk or celluloid sutures or ligatures should be boiled

for half an hour on first preparation, and afterwards be stored in ac. carbolic, 1-20, or in alcohol.

Rubber tubing for drainage purposes should be washed with green soap and water—where possible, inside as well as outside—then rinsed in sterilized water and afterwards scrubbed with ether, then boiled for half an hour and kept covered with carbolic acid, 1-20. This should be changed once a week.

The rubber tubing, nozzles, etc., for irrigating purposes should be kept in carbolic acid, 1-20, and after operations should be disconnected, washed and boiled.

Jars, funnels, basins and all receptacles should be thoroughly scrubbed with green soap solution or sapolio, then rinsed with sterilized water and boiled in the carbonate of soda solution.

The basins to be used in the operation should be carried in the basket covered by a towel to the operating room and placed in position by a nurse whose hands have been sterilized.

Instruments.—All scissors, scapels and needles should be wiped with alcohol, then soaked for half an hour in carbolic solution, 1-20, and afterwards transferred to sterile water. All other instruments should be boiled in carbonate of soda solution for ten minutes immediately before the operation, and then transferred to sterilized water. To prevent discoloration of steel the instruments should not be immersed until the water is boiling.

Instruments in Emergency.—Should any instrument, not previously prepared, be called for during the progress of an operation, it should be entirely immersed in pure carbolic acid for two minutes, then seized in a pair of sterile forceps and vigorously rinsed for a moment in sterilized water before being handed to the surgeon.

List of Instruments.—A record of the number of forceps, scissors and needles used in each abdominal or thoracic operation should be kept, and the number accounted for before the wound is closed, the house surgeon in charge of the instruments being held responsible.

Care of Instruments after Operation.—(*a*) After clean cases, all instruments, including scalpel, scissors and needles, should be washed and scrubbed with a brush in warm (not hot) soap suds, then transferred to hot sterilized water for a few moments. This water should then be poured off and the instruments very carefully dried while still hot. (*b*) After septic cases, all instruments, including scalpels, scissors and needles, should be scrubbed and washed as above, then boiled for five minutes, and afterwards dried as above.

Gloves.—(*a*) Before operation—Gloves should be wrapped in a towel and boiled for five minutes, totally submerged, and then placed in sterilized water or antiseptic solution. (*b*) After operation—Gloves should be thoroughly washed in green soap and water, then turned inside out and thoroughly washed again. While in the solution each glove should then be very carefully examined for holes and rents, and, if any be found, such gloves should be set aside for repairs. If they have been used for septic cases they

must be boiled after being scrubbed. They should then be stored in bichloride solution, 1-2000 or dried and powdered.

Repair of Gloves.—The part around the hole should be wiped with gasoline or benzine, slightly roughened with fine sand-paper or emery-cloth, then smeared with rubber cement, which should be allowed to become almost dry. The patch to be applied should be prepared in the same way, and when the two surfaces are nearly dry they should be pressed firmly together. The patches should be placed upon the inside of the glove. It should be recognized that the damaged glove is a menace, because not only may septic matter be pumped into the surgeon's fingers, but macerated epithelium and germs may be pumped out from the skin of the surgeon to the wound of the patient through a very small opening.

Extra Gloves.—There should be on hand, prepared, two or three pairs of extra gloves in case the operating surgeon or assistants should deem it advisable to change during the operation.

Cleansing of Hands.—The hands of all surgeons and nurses, and the forearms, including the elbows, should be thoroughly scrubbed with soap and water and a brush under running water for at least five minutes, then washed in alcohol (65 per cent.) and afterwards soaked in 1-40 carbolic, or 1-2000 bichloride solution for two minutes. After disinfection the hands should never be dried on a towel, nor allowed to dry in the air.

Gauze Sponges, Wires and Pads.—These should be of various sizes adapted to the needs of various operations. They should be made of gauze of good quality, so prepared that there are loose edges upon the surface. They should be sterilized by steam under pressure, as above described, and should be rinsed out of sterilized water or antiseptic solution.

In quite clean cases they may be rinsed out of sterilized water and used over and over again during the operation, but in septic cases, or when contaminated with feces, urine, mucus, etc., they should be discarded after being used once.

In abdominal operations all gauze sponges should be provided with tapes, and should be carefully counted before operation and accounted for before operation is finished. A number of very large gauze sponges, say 1 foot wide by 2 feet 6 inches long, should be constantly on hand in case of abdominal operations in which large masses of viscera are necessarily exposed, as in operations for intestinal obstruction.

Sea Sponges.—Sea sponges after preparation should be kept in 1-20 carbolic acid. When required for use they should be removed from this solution to sterilized water or antiseptic solution. Sea sponges should be on hand in every operation about the mouth or throat, and in other operations when preferred by the operating surgeon.

Stock Solutions.—There should be kept on hand in very large bottles solutions of the following: Acid carbolic, 1-20; acid boracic, 1-20; hydrarg. bichloride, 1-500 and 1-1000; sterilized normal saline solution (double strength); rectified spirits; ether; turpentine; gasoline in pint bottles. In making up solutions from these

stock mixtures great care should be taken that these solutions are of the designated strength, and vessels of known size should be used in compounding the solution, or the basins should be graduated by easily observed lines indicating quarts.

Spare Basins.—There should be available for the use of the surgeon during an operation (*a*) a basin of carbolic acid solution, 1-40, or bichloride solution, 1-2000, according to individual preference; (*b*) a basin of sterilized water, or normal saline solution. A similar arrangement of basins should be available for the nurses.

Number of Surgeons and Assistants.—In all major operations there should be, in addition to the operating surgeon, a first, second, and third assistant, and at operations of unusual magnitude, such as amputation at the hip joint, a fourth assistant will be required. For minor operations two assistants only may be required.

Number of Nurses.—The operating-room nurse should be sterilized, and have general supervision over all her assistants, and the general conduct of the operation and operating-room. She should not merely superintend, but be prepared to lend a hand where her judgment shows that she may be useful. For major operations she should have three assistants. The nurse who is to hand sponges may assist without gloves in preparing the operating-room and dressing the surgeons and nurses before the operation commences, but after she takes charge of the sponges and towels she should not be required to do anything else, and should take the utmost pains to prevent the accidental infection of her hands or the sponges, towels and dressings in her charge. In case of any such accident she should rinse her gloved hand thoroughly in 1-2000 bichloride solution.

Care of Patient after Operation.—After the completion of the operation the responsibility for the proper care of the patient rests upon the senior house-surgeon, who should either accompany him to the ward himself, or instruct a competent junior to do so.

It is the duty also of the house-surgeon, on the return of patient to the ward, to acquaint the nurse in charge of the patient with the character of the operation which has just been performed, and with instructions as to the after treatment, and any emergencies which may arise owing to the peculiar nature of the operation.

Preparation of Area of Operation while Patient is in the Ward.—With regard to the area to be prepared, it is difficult to lay down any definite rules; but the general principle may be indicated by saying that, for example, when the operation is upon the trunk of the body, such as in kidney cases, an area extending at least 15 inches in all directions from the actual seat of operation should be prepared. Where possible, the preparation should be commenced the day before the operation and should be carried out as follows:

(1) The whole area should be shaved. (2) The part should be thoroughly wetted and rubbed gently for about one minute with turpentine. In case of mechanics with very much soiled and greasy hands, gasoline is an excellent solvent, and should be used before the turpentine is applied. (3) Thoroughly scrub the whole area with a soft nail brush, using soap and carbolic solution 1-40. (4)

Apply a wet dressing of bichloride solution, 1-2000 over night. (5) Next day, two hours before operation, repeat the wetting with turpentine. (6) Repeat scrubbing with soap and acid carbolic solution, 1-40. (7) Apply a layer of gauze, thoroughly wetted with bichloride, 1-2000, and bandage in position until the time of operation. (8) When the patient is on the table and everything ready for the operation, this gauze should be removed and the whole area thoroughly swabbed with 65 per cent. alcohol. In case of emergency operations this method of disinfection should be carried out as thorougly as possib'e, using gasoline instead of turpentine, after the anesthetic is administered. The preparation should be conducted by either a competent nurse or the house-surgeon.

Special Technique in Septic Cases with Pus.—Where it is known that pus will flow as the result of the operation, the surgeons and nurses should join their efforts to confine the pus and the septic products of the operation to the smallest possible area. The operating table should be entirely overlaid with rubber sheeting covered with sterilized towels or sheets. Vessels should be provided and put into position to catch the pus as soon as it flows. Large loose tampons should also be used to mop up any escaping pus, and a receptacle for these should be provided immediately at hand, so that the pus is not passed across the operating table or to the nurses' table. These tampons and all infected sponges and gauze should of course afterwards be destroyed.

Recognizing the almost insuperable difficulties of disinfection after contact with virulent septic products, the utmost care should be observed by house-surgeons and nurses not to become infected with such toxic matter. Forceps may often be used to handle infected sponges.

After such operations, any utensils or instruments known to have come in contact with the pus should be carefully kept from contact with uninfected utensils and instruments during the process of cleaning up.

OUR RESPONSIBILITY *RE* TUBERCULOSIS.

The great battle of the twentieth century against tuberculosis demands the help of every trained nurse. The average nurse has very little opportunity for studying phthisis in its incipient stage owing to restrictions in many hospitals against accepting tuberculous cases, and generally regards a consumptive as an emaciated, coughing, and hopelessly ill patient. Pulmonary tuberculosis is so insidious that very often the patient is beyond the possibility of cure before his disease is recognized.

"In order to successfully combat tuberculosis of the masses the combined action of a wise government, well-trained physicians, and an intelligent people is needed."—Knopf. Now, considering the position of the trained nurse, is it not apparent that her place in the struggle is as a connecting link between physician and people? First, let her acquire a full and detailed knowledge of

the prophylaxis of the disease, then let her teach to the people whose homes she enters the measures they can adopt towards prevention.

Nurses must fully comprehend a few leading facts about consumption. The person suffering with tuberculosis may not be a "patient." He may be a visitor to the family, or one of the household who "has a cold that he cannot shake off," or who "seems to have a slight cough, but does not think anything of it," or who is "run down and has indigestion and feels lazy all the time." Often a remark similar to these is the first one hears from the lips of an incipient case of pulmonary tuberculosis. He may not have considered his indisposition of sufficient seriousness to consult his physician. Here is the opportunity for the nurse to begin her good work. Better to be mistaken in suspecting many cases as tuberculosis which are not, than to fail in detecting one which is. Let the nurse be ready to speak quietly but firmly and tactfully to the one who has aroused her attention, and urge him to see his physician, pointing out that serious lung trouble may sometimes first manifest itself in that way. If this were done throughout the country surely many and many a man or woman, acting on the trained nurse's suggestion, would consult his medical adviser and his disease would be discovered before his chance of recovery was gone.

Next, the nurse must meet many people who are in a semi-advanced stage of tuberculosis, and who themselves fear it. In her talks and visits with these people she can wonderfully assist the hundreds of physicians in America who are giving their lives and devoting all their learning to the furtherance of the great cause. She can let them know that consumption can be cured. The old idea of its incurability must be overcome.

Again, in how many homes will the nurse find insanitary arrangements, imperfect ventilation and darkened rooms, and what broad opportunities are hers, as she lives among "the people," to teach them that tubercle bacillus, the cause of this dire disease that yearly claims thousands of young lives, is harbored and nursed by just such means.

The tubercle bacillus is a fungus which can be rendered inert by the two most easily attainable agents in the universe—*i.e.*, fresh air and sunlight. It cannot remain virulent for more than twenty-four to forty-eight hours in fresh air, and for more than two to three hours in sunlight. The value of "fresh air" in the home, and "sunshine in dark corners," can be at once recognized. No sane person would drink stagnant water, and yet how many to-day are breathing stagnant air. A nurse can point out to the family, with whom she is temporarily living, that it is necessary to breathe pure air twenty-four hours out of every twenty-four to maintain a proper standard of health. It is not a simple matter to show that rooms must have a *constant*, a never-failing supply of the air that nature intended man to breathe. But it must be taught with persistent effort and relentless force, this great gospel of fresh air, and with it the need of sunshine must be emphasized. Bedrooms and living rooms must never have one ray of sunlight excluded that is willing to enter. These matters are commonly

known, but they need to be impressed on the mind of the average householder. Teach and teach again, and yet over and over again, the need for the home to be flooded with pure out-of-door air and sunshine.

Another responsibility which confronts the nurse is in regard to the disposal of sputa from persons who may or may not be known to be suffering with tuberculosis. It would be well if the trained nurse would teach every person, tuberculous or otherwise, to be careful in the disposal of all mouth secretions.

In bronchitis, post-nasal catarrh, influenza, and other diseases where there is abnormal secretion, there should be no indiscriminate expectoration, but all discharges should be either burned or sent down the sewer.

In nursing a case of phthisis the following details should be observed as faithfully as the rules of asepsis at an abdominal operation. *Burn* all sputum before it has time to dry. One bit of cotton or paper used once must immediately be wrapped up in itself and never opened again but consigned to the flames before it dries. If sputum cups are used they must be kept securely covered to prevent evaporation and keep out insects. The patient must hold a piece of paper or cotton in front of the lips while coughing to prevent flecks of saliva or sputum being coughed on to his clothes or bed-covers. If possible he must cough with lips closed. Separate handkerchiefs must be used for nose and lips. Small bits of old cotton are preferable for the latter as they can be burned. Teach the patient that he can re-infect himself by carelessness.

Moustaches should not be worn as they are invariably soiled with sputum, and consequently dried sputum is inhaled. Kissing upon the lips is dangerous. Many cases of tuberculosis are traceable to infection received in this manner.

All dishes used by a phthisical person should be scalded. It is in the care in detail of all articles likely to be smeared with saliva or sputum that the disease is prevented from spreading.

Finally, let every nurse feel it her duty and privilege to teach whenever occasion permits, the need for regularity in the habits of life; temperance in the use of alcohol, the abuse of which is the predisposing factor in many cases of tuberculosis; cleanliness in all things; carefulness and discretion in the choice of foods, which are the repairers of the waste caused by disease; and, lastly, the need for courage, good cheer and optimism as preventives of a lowered vitality—the open door to tuberculosis.

EDITH P. JONES.

GLIMPSES OF ANCON HOSPITAL.

Ancon Hill rises almost straight up from the sea on the edge of the city of Panama. It commands a splendid view of the Pacific Ocean, the Culebra Mountains, and on clear days the distant coast of South America. The top of the hill is wooded, while its lower

slopes were laid out by the French in a landscape garden. Beautiful driveways wind their way from level to level, and these are shaded by royal and cocoanut palm trees. On the terraces surrounded by lawns and a luxuriance of tropical plants, stand the forty-five or more buildings which make up Ancon Hospital. The greater number of these buildings are of one story, roofed with red tile. They have high ceilings, wide doors, numerous windows, and long verandahs. All are so situated that the winds from the mountains blow through them day and night year in and year out.

Upon our arrival more than a year ago, there were none of the buildings screened, but as quickly as material could be secured every door and window, and many of the verandahs, were thoroughly screened. It is almost impossible for mosquitoes to become infected from patients, and, furthermore, it is a great protection against the myriad insect-life that abounds in so warm a climate. Under these conditions, and surrounded by an ever-compensating nature, do the nurses at Ancon live and move and have their being. It is pretty generally acknowledged by all that we are more than fortunate in our location. We practically live in the fresh air all the time, and there is no reason why we should not have just as good health here as at home. There is malaria, and few escape it. There are very few fatal cases on record, but almost everyone here is too wise to court it and prophylatic doses of quinine are rarely long forgotten. It is said that 70 per cent. of the people living in Panama have the malarial germ in their blood. In time as the sanitary conditions improve, when the stegomyia and anopheles no longer exist, this beautiful spot of the universe may indeed be a Paradise. According to an old legend it is said to be the Garden of Eden. In its present condition it would require quite a stretch of imagination to consider the Isthmus or any part of it a health resort, as there is much rank undergrowth, suggestive of all kinds of low animal life and noisome odors. Yet the winds are as soft and sweet as a perfect June day. It is only forty-seven miles from ocean to ocean, and the breezes are constantly blowing this way and that. We go about in the thinnest of clothing. The average temperature is about 86°. The nights are cool and delightful for sleeping and in the seventeen months spent here I have always used a blanket with comfort.

To have been only an insignificant part of this great work undertaken by the American nation was a privilege greatly appreciated by the early nurses who were here at the organization and opening of the hospital, under Miss Hubbard as Superintendent of Nurses.

In those days there was such a fascination in watching one scheme after another perfected. There was much remodelling of wards, rearrangement of linen rooms, diet kitchens, and dressing rooms; but one part after another of the work was taken up and completed, and now the hospital, with a splendidly equipped operating room, is thoroughly up-to-date both in its management, equipment and technique.

There are at present on the staff fifty-six nurses; among them

are several army nurses, many of whom have served in Cuba, the Phillipines and South Africa. The duties of the nurses are arranged according to an eight-hour service for day nurses and ten hours for night nurses. By such planning it is thought to keep the nurses in better health, as the climate does not permit of as strenuous duty as in the north. Amusements are necessarily limited, yet there are many sources of pleasure according to individual resource and capacity for such things. Entertainments there are none, and anyone expecting to be amused in that way will meet with nothing but disappointment.

Through the courtesy of the commission, the nurses were given a piano, which adds a great deal toward making our home homelike. Many of the nurses own native horses, and those who do not can usually rent them, making horseback riding a means of exercise and diversion. These Panama ponies are small, but excellent saddlers, good singlefooters, full of spirit and life. A favorite ride is to the Seramis, where the wealthy Panamians have their summer residence. The country is rolling, reminding one more of a beautiful park than an isthmian jungle. It is covered with green sod; here and there are groves, and one may ride for miles over the soft green sward. Another fine ride is to old Panama, where only the ruins remain of what once was the richest city in the world. A famous old tower stands there as a monument to Sir Henry Morgan's destroying band. Last, but not least, of these rides is up and down the beach when the tide is low, galloping for miles along Panama Bay. Such a ride is ideal under the full glory of a tropical moon. There is a beautiful little island called Toboga, where the nurses are sent occasionally to recuperate.

I have pictured possibly the most pleasing side of life, but do not think the all-important reason for our being here is forgotten. It is, as elsewhere, the best in every one is expected and demanded, and as it is given so are we judged and considered an eligible part of the profession represented. It is without doubt a life of sacrifice. The pioneer accompaniments are felt, in that we are separated from home and friends and the many other attractions that bind us to our own country. But the circumstances otherwise are pleasant, and there is much to be thankful for. Botanists and lovers of nature find endless interest in the plant-life. Flowers are a little disappointing, as there is not the variety one would expect to find in the tropics, but it has what no other place in the world has, the dove plant:

"What time the Lord drew back the sea
And gave thee room, s'ight Panama,
'I will not have thee great,' said He,
'But thou shalt bear the slender key
Of both the gates I builded me,
And all the great shall come to thee
For leave to pass, O Panama!'
(Flower of the Holy Ghost, white dove,
Breathe sweetness where he wrought in love.)"

J. M. M.

The Canadian Nurse

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Miss J. Neilson, 419 West 118th Street, New York, N.Y.

Miss Newman, Phurlow, Victoria, B.C.

Miss Lawder Sutherland, Supt. Hartford Hospital, Hartford, Conn.

Miss Patton, Supt. Grace Hospital, Toronto.

Miss Graves, Supt. St. Michael's Hospital, Toronto.

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

Vol. II. TORONTO, MARCH, 1906. No. 1

Editorial.

THE PROGRESS OF NURSING.

Post-graduate courses of study, the provision of some special course of training for the future superintendents of training schools and others (which can now be had only in the Teachers' College of Columbia University, New York), and the correlation of the probationers' course in hospitals, either with a domestic science department of a university or some kindred institution, are three of the most important lines of progress before the profession. The renewed life of the University of Toronto, the new Hospital, the feeling of prosperity and progress in the community at present, fill us with hope that we shall not look for these great things in vain. We hope to publish letters on these subjects from prominent members of the profession in our next issue.

THE NEW GENERAL HOSPITAL FOR TORONTO.

This great enterprise goes prosperously on its way, nearly $1,200,000.00 of the $1,500,000.00 required having already been subscribed. Every nurse is interested and wishes it success. We are all anxious to do anything we can to help.

THE CENTRAL REGISTRY.

The Central Registry for Nurses in Toronto now numbers 174 members and the excellent work done by the Committee and the Registrar is beginning to bear fruit. Only those who have been the pioneers in a new undertaking such as this know how hard and often trying the work is. But it is good work and it lasts when we are gone. We congratulate the Committee and the Registrar on their patience, their foresight and their success.

THE UNPROFESSIONAL UNDERGRADUATE.

The Superintendent of a training school for nurses in a hospital in Ontario writes to ask our opinion of one of her undergraduate nurses who had still eight months to complete of her three years' course of training, leaving without permission to be made "Lady Superintendent" of a private hospital in another Province, the proprietors of said private hospital promising to "graduate her!" We think the undergraduate nurse and the private hospital authorities were both unwise and unprofessional, and would express a hope that such conduct is all but unheard of

THE NURSES' COURSE OF LECTURES.

On Jan. 11th all the Nurses' Alumnæ Associations of Toronto met to listen to a lecture by Mme. Von Wagner, of Yonkers, on "Tenement Work," and on Feb. 1st Miss Damer, of New York City, lectured to the same audience on "The Nursing of the Tuberculous Poor in their Homes." This course of lectures has been profitable and successful even beyond our hopes. The large audiences, the great interest aroused, the increase of friendly and professional relations among the nurses in Toronto, are some of the good results of these lectures. The next lecture is to be at 8 p.m., on March 8th, in the Y.M.C.A., Room 10, by Mrs. Hampton. Robb, on "The Nurse as a Citizen," and to it we look forward with great anticipations.

Editorial Notes.

International Council of Nurses.

An informal Conference is being arranged for at Paris in 1907.

Naval Nurses.

The Surgeon-General of the United States thinks that women should be employed as nurses in the navy.

Roya Commission on the Poor Laws.

This important Royal Commission includes only one doctor and no trained nur e in its membership. Public attention is being directed to this omission.

Two Frauds.

All honor to Samuel H. Adams, of *Collier's*, for his article against the great American fraud (Patent Medicine). But why publish the advertisement of a "Correspondence School of Nursing"?

Welcome.

We have much pleasure in welcoming the new collaborators and the new members of the Publication Committee. The Committee regret that Miss Snively and Miss Brent, who were also elected, felt that it was not possible for them to accept the position at present.

The Bill.

As we go to press, the good news comes in that the Bill now before the Ontario House has been made a Public Bill and received its first reading on March 1st. Our readers will all join with us in congratulating Miss Eastwood, the other members of the Legislative Committee, and the Hon. J. W. St. John.

The Contributors' Club.

"A Word to the Wise." From Manitoba.

As an old graduate I would like to say a few words on "international" courtesies. I have found the recent graduate "full up" with all the latest hospital devices, very intolerant of the older graduate's practical and less "hospitally" ideas. Each may gain by learning from the other. The recent graduate, after making many mistakes, will find that she might have saved herself much discomfort and heartburning had she been advised by an older graduate. Then, the latter may learn many new ideas from a recent graduate, and may keep pace with all the new methods. This is for the graduates belonging to American and Canadian schools. Then, also, the graduate from the "Old Country" hospital has so many new things to learn in this new country, that she is decidedly handicapped in her first year of private work. The mode of living and working is so different, that she should almost take a post-graduate course in a large hospital on this side of the ocean before attempting private nursing. Alas! they have to go through many hard experiences before they realize that they are dropping many of their "ultra-English" ideas and picking up a broader and more practical way of doing things. It certainly does a nurse good to be thrown amongst graduates from all schools and nationalities; and so I would say, educate yourselves to "large views" of life, picking out the good things of other schools and hospitals and adopting them for your own work. Be willing to impart knowledge to others, and give your own "patent ideas" away to other nurses who you know will profit by them. Nurses should work, not each one for her own particular good, but for the community and for her sister nurses. The Golden Rule is, I think, our own special property, "Do as ye would be done by," in few words.

Scopolamine— From Michigan.

We have been using scopolamine and morphia with some success:

℞	Scopolamine hydrobromate	.0012
	Morph. sulph.	.03
	Aqua.	3i

Given in three hypodermic injections, one hour apart, the last half an hour before the operation. The final preparation of the patient can be done while under its influence. Much less chloroform is used, the nausea and vomiting is less. But its use is entirely in the experimental stage, it has not been used long enough for the surgeons to form a judgment in the matter.

[We are glad to have this note from a valued correspondent. There is much difference of opinion on the subject. In Toronto General Hospital the results have not been favorable. De Maurans, of Paris, condemns the use of scopolamine. Wood, of Philadelphia, is quite favorable to it. The *New York Medical Journal* strongly condemns it.—Ed.]

Correspondence.

General Hospital, St. John's, Newfoundland.

Dear Madam,—Our Training School is yet in its infancy, and has had difficulties to overcome incidental to most beginnings, but promises to do well. The term of training is for three years, the age limit 21 to 30. Candidates come for a month on trial, which may be extended, and, if necessary, they sign an agreement for three years. Our present staff consists of sixteen nurses, which number will be doubled when the new wing now in contemplation will be finished.

We do not take infectious cases, but there is a hospital for infectious diseases just finished and standing in the same grounds, to which we hope to send our nurses for special training.

We have an X ray department and a Finsen light for the treatment of lupus cases. We get a great variety of surgical cases, and our operating theatre is used daily. Being the only hospital for the whole island, we have to refuse cases constantly that ought to be admitted, and our number of patients always equals the number of beds. With kind regards, Believe me, yours sincerely,

M. Southcott, Supt. of Nurses.

Hospital and Training School Department.

IN CHARGE OF MISS HARGRAVE, TORONTO; MISS CRAWFORD, WINNIPEG; AND MISS YOUNG, MONTREAL.

Miss M. L. Brainard, class of 1904, Galt Hospital, is doing private nursing in Niagara, Ont.

The members of the Central Registry Committee have presented Miss Barwick with a very pretty desk clock.

The new laboratory in connection with the V. P. H., Fredericktcn, is now fully equipped and in working order.

Miss B. M. Toye, graduate of the T. G. H., has resigned the position of Superintendent of the Parry Sound Hospital.

Miss Lena Relance, class of 1905, General Hospital, Galt, Ont., is spending the winter with her sister in Two Harbors, Minn.

Miss Florence James, a graduate of the Sarnia General Hospital, 1904, has gone to New York to take a post-graduate course.

Miss McGrath and Miss Edith Green have gone to the McKellar Hospital, Fort William, to assist for a short time in ward work.

Miss Gladstone has resigned her position as head nurse of the Pavilion in the T. G. H. Miss Purdy, of the class of 1905, succeeds her.

Miss Craig, a recent graduate of the Public General Hospital, Chatham, Ont., has gone to Winnipeg, where she is engaged in private nursing.

Miss Bessie MacDonnell, graduate of St. Michael's Hospital, Toronto, has gone to Pittsburg to take a position in the Eye and Ear Hospital.

Miss Ethel Armstrong and Miss Edith Ogilvie, graduates of Riverdale Hospital (1905), have taken positions in Ithaca Hospital, Ithaca, N.Y.

Miss Alice Stewart, for some years Superintendent of the Protestant Hospital, Sherbrooke, Que., has been appointed Matron of the Toronto General Hospital.

The nurses who recently graduated from the Public General Hospital, Chatham, Ont., are: Miss Millard, Miss Kelly, Miss Head, Miss Ross, Miss Bonter.

Miss Simons, of Peterboro', a graduate of St. Mary's Hospital, Rochester, N.Y., is this year assisting Miss E. Regan, at St. Joseph's Hospital, Port Arthur.

Miss Florence I. Campbell, graduate of the H. F. S. C., Toronto, has been appointed Superintendent of the Orthopedic Hospital, East 59th Street, New York.

The Senior Class of the H. F. S. C. have completed their course in cooking, and the Intermediates and Juniors will continue the course in the beginning of the year.

Miss Jean Berry, Riverdale Hospital (1905), paid a short visit to friends in Toronto in January. Miss Berry is spending the winter at her home in Brantford.

Miss Potts, Assistant Superintendent of the H. F. S. C., Toronto, spent a very pleasant holiday during January, visiting the New York hospitals and her friends in Ottawa.

Miss L Sedgeworth, graduate of Grace Hospital, Toronto, formerly head nurse in Dr. Brown's Sanitarium in Birmingham, Ala., has returned to her home in Toronto.

Miss Emma Roberts, graduate of the G. and M. H., St. Catharines, has been appointed superintendent of the new Port Huron Hospital, which opened Nov. 1st, 1905.

On account of ill-health, Miss Annie McKnight, of the nursing staff of the V. P. H., Frederickton, has been obliged to discontinue her training for the present.

At a meeting of the Alumnæ Association of the St. Michael's Hospital, Toronto, held on January 8th, 1906, Mrs. Grier, the President, resigned, owing to ill-health, and Mrs. Day was elected president.

MISS ANNIE MONTGOMERY, graduate of Riverdale Hospital, Toronto, class of 1897, has been appointed Lady Superintendent of the New Alexandria Hospital, Montreal.

MISS LUNDY, a graduate of the T. G. H., has gone to the Galt Hospital, Lethbridge, Alta., to take a position on the nursing staff, which is composed entirely of graduate nurses.

THE nurses' new residence in connection with the H. F. S. C., Toronto, has been roofed in and the work is progressing very favorably, and all are looking forward to its completion with keen interest.

MISS ANNIE WOODSIDE and Miss Ellen Lewis, graduates of the H. F. S. C., Toronto, class '05, have completed their post-graduate course in the Roosevelt Hospital, and are now taking a course in Sloan Maternity, New York.

MISS GRACE BOLTON, a graduate of V. P. H., Frederickton, '03, recently underwent a very serious operation at the Polyclinic Hospital, Philadelphia. Miss Bolton has recovered sufficiently to return to her home in St. John, N.B.

MISS M. R. McKIM, graduate of the Western Hospital, Toronto, went to Battleford, Sask., in October, as Miss Johnston, the Superintendent of the Hospital, was ill with typhoid. Miss Johnston is also a graduate of the Western Hospital.

THE Collingwood District Medical Association held its quarterly meeting in the Town Hall, on October 24th, 1905. After adjournment the members visited the Hospital where afternoon tea was served informally by the Superintendent and nurses.

MISS BITZNER, who took charge of the B. and W. H., Berlin, when Miss Maclagan resigned, and Miss Ida Kuntz, the Assistant Superintendent, have resigned from the above institution, their resignations taking effect on January 1st, 1906.

MISS HURLBURT, a recent graduate of the T. G. H., has gone to the McKellar Hospital, Fort William, to take the position of head nurse. Miss Banks, the Superintendent, is going away for a much-needed rest, and during her absence Miss Hurlburt will take entire charge.

MISS SALE and Miss Templeton, of the H. F. S. C., have returned from New York, having completed their course in the Manhattan Maternity Dispensary. They have expressed themselves as highly pleased with their training, and their experience has been wide and varied.

MISS CHRISTIE FRASER, a graduate of the H. F. S. C., Toronto, was operated on in January for appendicitis, at the Presbyterian Hospital, New York. On going to press, Miss Fraser was in an extremely critical condition, though hopes were entertained of her ultimate recovery.

MISS MACLAGAN has resigned her position of Superintendent of the Berlin and Waterloo Hospital, and is at her home in Montreal until her marriage in the spring —after which she will reside in Berlin, Ont. Miss Maclagan's departure was regretted by both medical and nursing staff.

THE graduating exercises of the Sarnia General Hospital were held on December 29th, 1905, when the following nurses received their diplomas: Miss M. Fisher, Glanworth, Ont.; Miss Edna G. Cromwell, Woodstock, Ont.; Miss Jennie Graham, Camlachie, Ont.; Miss M. Clunen, Fernhill, Ont.

THE graduating exercises of the Hamilton City Hospital were held on Nov. 16, 1905, when the following nurses received diplomas: Miss E. Robertson, Durham, Ont.; Miss B. Miller, Beeton; Miss I. J. Ainslie, Hamilton; Miss P. Simmins, Collingwood; Miss A. E. Hauhan, Wellandport; Miss F. Mortson, Hamilton.

THE St. Thomas Graduate Nurses held their monthly meeting at Amasa Wood Hospital on November 22nd, 1905, a large number of the members being present. After the usual business had been transacted, the question of the nurses' rates was brought up, and it was decided to charge fifteen dollars a week for general nursing, and twenty dollars a week for infectious cases.

THE second annual report of the McKellar General Hospital, Fort William, shows success in every department. Although in its infancy, the hospital has made very rapid progress, and already is found much too small. Plans are out for another building, which will increase the capacity to one hundred beds. The training school is well established, and the nurses are doing useful work for the hospital.

Miss McNeil, of the Riverdale Hospital, has been nursing smallpox at Dundas, Ont.

Mrs. Jardine and Miss Adams (H. F. S. C., Toronto) have taken a post-graduate course at Manhattan Dispensary, New York.

Miss Edith M. Dickson, graduate of the T. G. H. (1905) is to take charge of the Weston Sanitarium, with Miss Janet Neilson as her assistant.

Miss Dangerfield has been appointed Superintendent of the Calgary General Hospital. The former Superintendent, Miss Egerton, has returned to England.

Miss Evelyn Dickson, a graduate of the Kingston General Hospital, has been appointed Supervisor of the Beechgrove Infirmary, Rockwood Hospital for Insane.

Miss Edith Jones, whose valuable article will be found elsewhere, is a graduate of Grace Hospital, Toronto, and was from 1902 to 1905 Nurse-in-Charge of Muskoka Cottage Sanitarium, Gravenhurst.

Miss Alice J. Scott left Toronto on February 24th to take up the duties of her new position as Assistant Superintendent of the nurses in the Hartford Hospital, Hartford, Conn.

Mr. and Mrs. J. W. Flavelle gave a most pleasant reception at their beautiful home on January 18th, 1906, to Miss Lawler and Miss Mason and the Staff of Toronto General Hospital.

Among recent graduates of the Pennsylvania Orthopedic Institute, Philadelphia, in the Swedish system of Massage, Medical and Orthopedic Gymnastics and Electricity are: Miss Alice A. Stanton and Miss Sarah A. Stanton, St. Thomas, Ontario, Canada; Miss Catherine Campbell (graduate Sarnia General Hospital, 1901), and Miss Clara F. Elliott (graduate Sarnia General Hospital, 1901).

Miss Lina Rogers, of New York, a graduate of the H. F. S. C., Toronto, is the first life-member of the Alumnæ Association of the Sick Children's Hospital. Miss Rogers spent a short time recently with her uncle, the Rev. T. H. Rogers, of East Toronto.

Miss McLeish and Miss Summerseldt, graduates of the City Hospital, Hamilton, have gone as special nurses to the Hillman Hospital, Birmingham, Ala. Miss Kee is in charge of the operating room and Miss Edith Taylor is head nurse. Miss Kee and Miss Taylor are also graduates of Hamilton City Hospital.

Miss Snively gave a very enjoyable tea on Wednesday afternoon, January 31st, in honor of Miss Gladstone. Among the guests were Dr. Osler, Regius Professor of Oxford, Dr. MacMurchy, Miss Barwick and Miss Muldroon, graduates of Johns Hopkins, Baltimore, graduates and undergraduates of the Toronto General Hospital. Misses Manson, Lawler and Miss Alice Stewart assisted in tea-room.

The graduating exercises of the Owen Sound General and Marine Hospital were held on December 20th, 1905. The following nurses received diplomas and Hospital medals: Miss Belle Nodwell, Miss Mary Sim, Miss Eva Nixon, Miss Bethel Staples, Miss Emily Currie, Miss Edna Martin, Miss Augusta Madill. Of these Miss Nodwell received Dr. Lang's special medal; Miss Sim Dr. Burt's medal; and Miss Staples secured Dr. Cameron's special prize—a nurse's chatelaine.

The Alumnæ Association of the Toronto General Hospital held their annual "At Home" on December 28th, 1905, at McConkey's. The President and other officers received at the entrance of the Turkish room. Refreshments were served by the members of the latest graduating class in the Grill and Rose rooms. The members of the Ontario Graduates' Association were the guests of the evening, and included representatives from Kingston, Peterboro', St. Catharines, Guelph, Galt, Woodstock, Collingwood and New York. Among the guests were many members of the medical profession and their wives. An orchestra discoursed sweet music, and a very enjoyable evening was spent.

The seventh annual meeting of the Toronto branch of the Victorian Order of Nurses, held on February 14th, at the residence of Mrs. Herbert Mason, closed a a most successful year. Miss Eastwood, the Superintendent, read the annual report, from which we learn that during 1905 the nurses have cared for 522 patients, and have paid 6,842 visits, 500 of which were night calls.

Miss May Montgomery resigned her position as Assistant Superintendent of the Kingston General Hospital, the resignation taking effect on the 6th of December. Many beautiful remembrances from graduate and undergraduate nurses attested Miss Montgomery's popularity. Miss Mamie Foote has been provisionally appointed Assistant Superintendent.

An excellent innovation at the H. F. S. C., Toronto, is the series of weekly meetings which is being held by Miss Brent, the Medical Superintendent, and Miss Potts, her assistant, and the members of the House Staff, to discuss medical and

surgical matters of interest to nurses and doctors. Miss Brent and Miss Potts give practical demonstrations on subjects which come more especially within the duties of a nurse, and the House Surgeons lecture on subjects in conection with disease, treatment, and surgical operations from the point of view of the physician and surgeon. These meetings are most instructive and interesting and of decided benefit to all.

MISS BRENT, the Superintendent of the Hospital for Sick Children, Toronto, has just completed arrangements with the Victorian Order of Nurses for a four months' course, which will include ostetrical work, etc. The nurses who will be sent to the Order will have entered their third year, and will be under the supervision and direction of a graduate nurse. This course, with the New York Maternity term and preliminary course, which will begin in June next, will make the training at the H. F. S. C. most complete. At the beginning of the year a slight addition was made to the uniform of the nurses, a large monogram (H. S. C.) embroidered in white, was placed on the left arm of the uniform. This is quite distinctive, and has made a very pretty addition.

A MEETING was held in London, Ont., on November 17th, under the auspices of the National Council of Women, to consider whether it would be advisable for London to have a district nurse of the Victorian Order. Miss Margaret Allen, Superintendent of the Order, came from Ottawa to address the meeting, and to set forth clearly the work of such a nurse and the value she is to the poor of a community, and to those who do not need, or cannot pay, for the exclusive services of a graduate nurse. It was unanimously decided to have such a nurse for London; and the necessary steps were taken to form a Committee of Management and to collect the funds needed.

THE members of the Alumnæ Association of the Collingwood General Hospital Training School show great interest in their monthly meetings, which are held in the Board-room of the Hospital the first Saturday of each month, and are exceptionally well attended. At a recent meeting it was decided to establish a Central Registry for nurses. The plan has been carried out and is proving very satisfactory to physicians and nurses. The registry is open to all graduates of recognized training schools. It has also been decided to make the CANADIAN NURSE the official organ of the Association. Dr. Aylesworth gave a most interesting talk on the nursing of mental cases, at the November meeting. Miss Jenkins read a paper on "Private Nursing," which was both amusing and instructive, at the December meeting. A paper was also read and discussed on cerebro-spinal meningitis. It was decided that graduates of other hospitals, nursing in town, should be asked to attend occasional meetings.

THE Nurses' Alumnæ of the Royal Alexandria Hospital, Fergus, met at that institution on October 25th. An interesting meeting was held in the afternoon. After business matters were attended to several interesting papers were read. Mrs. (Dr.) Bright, of Drayton, former Superintendent of the Hospital, and Hon. President of the Alumnæ, read an instructive paper on the "Care of Infants." Miss MacWilliams, Superintendent of the Hospital, and President of the Alumnæ, gave an interesting talk on surgical work. The senior nurses in the school served tea in in the dining-room to the Alumnæ and the medical staff of the Hospital. The tables were prettily decorated with chrysanthemums and smilax, also purple and gold, the colors of the school. In the evening an enjoyable time was spent, when the Alumnæ had the pleasure of meeting old friends.

THE Brookland Hospital, of Sydney, C.B., was built and equipped by the Dominion Iron and Steel Company, Limited, for the use of accident cases. Outside patients are admitted, however, and the Hospital is recognized as a public institution by the local government and by the city, and receives aid from both. The building contains, besides the necessary operating, X-Ray and consultation rooms, a large general ward for men, containing fourteen beds, a small general ward for women, with five beds, and five private wards. At present the staff consists of a Matron-Superintendent, a head nurse, a night nurse, a day nurse, and the necessary complement of domestics. There are no resident physicians.

THE formal opening of the Nurses' Home, Grace Hospital, took place on January 10th, 1906. Previously the nurses had been accommodated on the fourth floor of the Hospital. By the purchase of the house to the north better rooms were secured for a limited number. The school consists of thirty-six nurses, twenty-six of whom now occupy the new residence, and in the future the Hospital hopes to build a new home large enough for all. A new diet kitchen has been built and equipped in an up-to-date manner, and there the nurses will receive instruction in Dietetics and Invalid Cookery. This has been done by Mr. E. R. Wood. A course

in Massage has also been provided for this year by the Hon. Geo. A. Cox. The Home has been thoroughly equipped in every way; the friends of the nurses have provided Marshall sanitary mattresses; Sir Henry M. Pellatt has sent blankets, comforters, screens, ward-robes and chairs. The decorating, painting and papering expenses were covered by the proceeds of a bazaar got up by Mrs. John Sloan. The linen and spreads were the gift of Mr. F. B. Polson and Mr. Packyn Murray. At the opening the Home was visited by the many friends of the nurses and Hospital. The rooms vacated by the nurses are disposed of as follows: an X-Ray room, laboratory, two for patients, and one room decorated and furnished for the use of sick nurses in training. A fund has been open for some time for building purposes, to which friends may send donations for a Home large enough to accommodate all.

On February 14th, in the theatre of the Normal School, Miss Grace Hodgson, President of the Toronto General Hospital Alumnæ Association, gave a most enjoyable musicale to the members of the nursing profession and their many friends. Under the skilful management of Miss Leila Metcalf and Dr. C. K. Clarke, a most delightful programme was rendered, including violin solos by Miss Metcalf and Dr. Clarke, readings by Miss Sweatman, vocal solos by Miss R. J. Dilworth and Miss H. M. Austin, and recitations by Mr. Donald Fraser. Mrs. James Ballantyne and Miss Marjory Clarke were very able accompanists. Among those present were Mrs. St. John, Mrs. R. Christie, Mrs. and Miss McIntosh, Miss M. A. Snively, Miss Lawlor, Miss Patton, Miss Scott, Miss Barwick, Miss Matthewson, Dr. Helen MacMurchy, Miss Workman, Mrs. Robinson, Mrs. Marriott, Mrs. J. E. Hodgson, the Misses Hodgson, Mrs. M. C. Ellis, the Misses McLeod, and many others.

Miss McKellar, for many years Head Nurse of "The Burnside," Toronto General Hospital, sent her resignation to the Board of Trustees of that institution in December last, and requested to be relieved of her duties at the end of the year. There are few of the Toronto General Hospital nurses who remember anyone else than Miss McKellar as Head Nurse of the Burnside, and her friends, both in the profession and out of it, are numerous and attached. She will carry with her to her well-earned holiday the best wishes of all. The esteem in which she is held was strikingly evinced at a private gathering of the Burnside Visiting Staff, Dr. Adam Wright, Dr. McIlwraith, Dr. Fenton, and a large number of nurses, on which occasion two addresses were presented. It was at Miss McKellar's own request that no public gatherings were held on this occasion. Miss McKellar is likely to travel for some time. Her successor at the Burnide is Miss Alice Sinclair, a graduate of the T.G.H., 1901, who has had, both at the Sloan Maternity and elsewhere, an unusually good obstetrical training. The Canadian Nurse wishes Miss Sinclair all success.

Montreal News.

Miss Bennett, a graduate of the Montreal General Hospital, has been appointed Superintendent of the Brockville General Hospital.

Miss Elizabeth Ross, Montreal General Hospital ('05), has been appointed to take charge of the Out-door Department of that institution.

Miss M. G. Houghton, graduate of the Montreal General Hospital, has been appointed Superintendent of the Sherbrooke Protestant Hospital.

Miss Jennett Duncan, graduate of Montreal General Hospital ('04), has been appointed Assistant Superintendent of the Montreal Maternity Hospital.

Bishop Hale, of Vermont, addressed the members of the Guild of St. Barnabas and the other nurses at the Royal Victoria Hospital at Montreal on February 6th, 1906.

The work upon the new building now in course of erection in connection with the Western General Hospital, Montreal, has had to be discontinued for the winter months, owing to delay in forwarding of the stone. It is expected to be ready for occupancy in the fall of 1906.

Montreal has never seen more activity in hospital construction than during 1905. The Montreal Maternity Hospital and the St. Paul Hospital for Contagious Diseases are completed; the Alexander Hospital for Contagious Diseases, the Notre Dame Hospital and the Western Hospital are well on the way to completion. In addition new buildings are going up in connection with the Royal Victoria Hospital.

Miss M. Vernon Young, of Montreal, and Miss Maud Crawford, of Winnipeg, have been asked to collect all items of interest pertaining to the nursing profession of their respective cities. Any items contributed will be gladly received by Miss Young, M. G. H. Nurses' Club, 59 Park Avenue, Montreal, Que., or by Miss M. Crawford, 233 Kennedy Street, Winnipeg, Man.

THE annual report of the Alumnæ Association of the Royal Victoria Hospital of Montreal shows that though the Association has been re-organized only one year (having been disbanded for five years), it is firmly established and has every prospect of growing. Among the advantages the Association enjoyed last year was a talk given by Dr. French on his wide and varied experiences among the poor; and a lecture given by Dr. Hamilton on the Anti-Tuberculosis League. The Society have considered some of the charities of Montreal, and have decided to show in a practical way their interest in five of them by giving a small contribution to each from the general fund. Dr. Stewart has donated a medical encyclopedia to the Association, and Drs. Chipman and Birkett have contributed to the Sick Benefit Fund. The Governors of the Hospital have been approached with a view to making an arrangement for nurses during illness. The proposal made is that for five years after graduation members of the Association will be admitted to a private ward at one half rates, and after that period at three-quarter rates.

WINNIPEG NEWS.

WE are glad to hear that Miss A. M. Crawford, of Winnipeg, is steadily though slowly improving in health.

MISS ETHEL JONES, a recent graduate of the Winnipeg General Hospital, has been appointed staff nurse of the Eye and Ear.

THE graduates of St. Boniface Hospital have at length successfully formed their long-talked-of Alumnæ, and from all accounts it promises to be of steady growth.

MISS ANNIE D. HAIGH (Class '90 T. G. H.) has been laid up in St. Boniface Hospital with an attack of typhoid fever, but is now better and has taken up her work again.

THE Alumnæ of the Winnipeg General Hospital is doing good work towards the agitation movement for registration, and has encouraged the St. Boniface Hospital graduates in the formation of their Alumnæ.

MISS WILSON, Lady Superintendent of the Winnipeg General Hospital, has gone on a month's visit to California. During her absence Miss Lumsden, the Assistant Superintendent, will have charge of Miss Wilson's work.

NURSE HICKS, Matron of Grace Hospital (Salvation Army), Winnipeg, has been obliged to relinquish her work for a while and take a rest. She will be succeeded in her work by Nurse McDonald, lately of London, Ont., but at present in California.

MISS MARY C. HYDE (T.G.H.), Superintendent of Dauphin Hospital, brought a patient to the Winnipeg Hospital last week. They had a special train and the tracks were cleared all the way for them. Unfortunately the operation was not successful and the child died. Miss Hyde returned to Dauphin the next day.

MISS MCCULLOCH, of Ottawa, has recently arrived in Winnipeg, being the pioneer nurse of the Victorian Order, to "break ground" in the city. Until the present time there has been a decided antipathy to having the Victorian Order open a field of work in the city, but with the coming of Miss McCulloch all this is changed. She already finds her time fully occupied.

THE Emergency Hospital, a department of the General which was built to accommodate the overflow of typhoid patients during the epidemic of 1904-5, has not been closed this year, but is being used, at present as convalescent wards. It has a capacity of fifty beds, capable of enlargement, and is in charge of a head nurse from the General Hospital, with junior nurses as assistants when required.

THE Salvation Army expect to get into their new Hospital early in spring. The new building, with accommodation for sixty patients, is very beautifully situated on the Assiniboine River, between Winnipeg and St. James. As they have lately obtained a "Hospital Charter" they expect to have a training school for general work. At present they train women for maternity cases, giving a full two years' course in maternity and children's diseases.

THE various Nurses' Alumnæ and Associations have formed a "Provincial Association," in order to be more "banded together" for the work of obtaining registration, but the labor is great and the laborers few, so that much headway is not apparently made. However, Winnipeg hopes to get the whole province in line, which is a tremendous undertaking, as the outlying districts are hard to reach, and the graduate nurses few and far between, but surely by next year we will have our bill ready.

Miss Gladstone was made the recipient of many beautiful gifts on the occasion of her resignation as Head Nurse of the Pavilion, T. G. H. Among these was a beautiful silver-mounted toilet set from the medical staff.

The handsome new buildings of the Manitoba Medical College were opened on Friday evening, January 26th. The Faculty, graduates, and students gave a most delightful "At Home." The nursing profession was well represented and as the new building is in the next block to the Winnipeg General Hospital, the nurses of that institution were treated to an impromtu dance by the students.

There are now a sufficient number of graduate nurses in Winnipeg, and any nurses intending to come west had better take the larger Manitoba towns, as Brandon, Portage la Prairie, etc. Most of the smaller towns are very pleasant to live in and as they have usually to send to Winnipeg for nurses, there would be an opening in many of these towns for a permanent graduate. The nurses located in Winnipeg do not care to take the outside towns as they might miss a city case. There are already a number of Old Country graduates and more to come out this spring.

The Roseau Private Hospital and Convalescent Home was established June 1st, 1905, in Dominion City, Man., about fifty-six miles south of Winnipeg. It consists of private and semi-private wards only, and is filled with all modern appliances. The wards present a pleasing appearance with their plain, spotlessly white furnishings, enamel bedsteads and immaculate bedding, and the operating room is so arranged that the patient's comfort is assured and no opportunity given for needless meditation. No more than eight patients are accommodated at one time, so at all times it is quiet and homelike, an ideal spot for a convalescent home. Dr. M. C. O'Brien is the physician in charge, Miss M. Wrightman, Galt, Ont., Hospital, is head nurse, and F. S. Bell is secretary-treasurer.

MARRIAGES.

On November 9th, 1905, at Montreal, P.Q., Miss J. O. McKim, graduate of the Western Hospital, "Class 1904," was married to Mr. Albert Bolker, of Montreal.

In Toronto, on November 15th, 1905, Mabel Twiss was married to F. L. Lambe. Miss Twiss graduated from the Hamilton City Hospital. Mr. and Mrs. Lambe will reside in Hamilton, Ont.

In Seattle, Nov. 23rd, '05, Mildred Sibbald, a graduate of the Riverdale Hospital, Toronto, was married to Howard M. Parker, of New York. Mr. and Mrs. Parker will make their home in New York.

At 7 Rose Avenue, Toronto, on Oct. 16th, '05, at the residence of the bride's mother, Mrs. A. McGarvey, by the Rev. J. A. Rankin, Josephine I. McGarvey (graduate of H.F.S.C., Toronto), to Henry G. Tayler, M.D.

In Winnipeg, on Dec. 28th, 1905, Hattie Woodland (graduate of H.F.S.C., Toronto) was married to Mr. G. Wilcox, of Moose Jaw.

DEATHS.

In the McKellar Memorial Hospital, Fort William, Ont., Miss Rose O'Connor (graduate of St. Michael's Hospital, Class 1901), of appendicitis. For two years Miss O'Connor had been nursing in the Hospital in which she died.

On Jan. 18th, 1906, Miss Edna Porteous, one of the nurses of the Western Hospital, died after a short illness, greatly regretted.

The Lambert Pharmacal Company of St. Louis have been awarded a gold medal at the Lewis and Clarke Centennial Exposition. Further particulars will be found on another page.

We would draw the attention of our readers to a mattress invented in Toronto and manufactured in Toronto, which is beginning to be used all over the world—Marshall Sanitary Mattress.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.*

A special meeting of the Graduate Nurses' Association of Ontario was held in the Normal School Theatre, on December 28th, 1905, to discuss a draft of the proposed bill for Registration and Incorporation.

The meeting was opened with prayer by the president, Miss Gordon, followed by the roll call.

The president announced she had received letters of regret from Miss Snively and Miss Micklejohn, of Ottawa.

An announcement followed of an invitation to all the members of the Association, and especially the newly-elected members, to an At Home, to be held at McConkey's, on the evening of the 28th, by the Alumnæ Association of Toronto General Hospital.

The president also announced a lecture to be given in the Normal School Theatre, on January 11th, at eight p.m., by Madame Von Wagner, of Yonkers, New York, Government Inspector of Tenement Houses, on "Sanitary Inspection of Tenement Houses."

The president, in her opening remarks, acknowledged with gratitude the untiring efforts of the Legislative Committee, and made special mention of Miss Eastwood's services. She also spoke briefly of the great work the Association was likely to do in Toronto.

She stated that it had been suggested that a magazine or journal of nursing should be considered in connection with the Graduate Nurses' Association. Every organization which is a power must have a mode of expression of its own, and there is no better mode than through the press. A plea was made for the support of the *Canadian Nurse* and other journals devoted to nursing, as it is impossible for members of the profession to keep up with the times without reading journals devoted to the work, and having contact with other nurses and sister schools. "A special organ of our own is needed," she said.

The president announced that the Women's National Council had asked the Association to elect five representatives to attend the meeting of the Council in this city.

It was moved by Miss Julia Stewart, and seconded by Miss Lennox, "That the Misses Yorke, Hamilton, Crosby, Matheson, and Holdenby be appointed to represent the Association at the meeting of the National Women's Council in this city." Carried unanimously.

Moved by Miss Eastwood, and seconded by Miss Robinson, "That the sincere thanks of the Association be extended to the Hon. J. W. St. John, Speaker of the Ontario Legislature, and Dr. Helen MacMurchy, the editor-in-chief of our journal, for the kind assistance they have rendered in the preparation of the proposed bill, and that they be elected honorary members of the Association." Carried unanimously.

Moved by Mrs. A. H. Paffard, seconded by Mrs. Anna Yorke, "That the secretary of the Association be instructed to prepare an agenda of all general meetings, and supply each member of the Association with a copy of same at least two weeks prior to such meeting. In order to enable the secretary to prepare this agenda, all notices of motion, resolutions, etc., must be forwarded to the secretary at least four weeks prior to such meetings." Carried.

Moved by Miss Brent, seconded by Miss Mayou, "That a hearty vote of thanks be tendered the National Council of Women for their assurance of support to the Graduate Nurses' Association in their efforts to secure incorporation and registration; and that the secretary be instructed to submit a copy of the Bill to the National Council of Women, and invite an expression of their opinion upon the merits of the proposed legislation as it would affect the public."

The secretary then read the names of new members proposed.

Moved by Miss Devellin, and seconded by Miss Stewart, "That all new members be received into the Association to-day."

The discussion of the Draft of proposed Bill for registration of nurses and incorporation of the Graduate Nurses' Association of Ontario, now followed:

Clause 1.—Miss Julia Stewart: It has been suggested that the title "The Graduate Nurses' Association of Ontario" is clumsy, and that if this Bill pass the Legislative Assembly the name be changed to "Ontario Registered Nurses' Association," as less cumbersome. No person can be prevented signing herself as a registered graduate nurse after she had registered in any registry, as she would be a

* Report of meeting held at the Normal School, December 28th, 1905, at 1.30 p.m.

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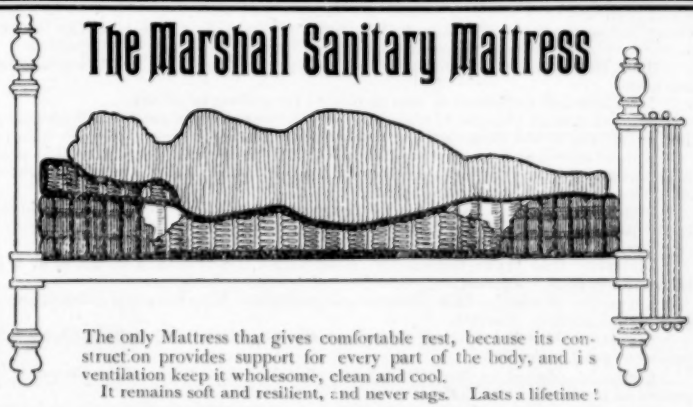

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registered nurse, whereas if the name was changed she could not sign as an Ontario Registered Nurse unless a member of this Association.

This question was discussed by Mrs. Paffard, Miss Eastwood and others.

Miss Hodgson moved, seconded by Miss Boyd, That Clause 1 be passed in its present form with the exception that "The Graduate Nurses' Association of Ontario," shall read, "The Ontario Registered Nurses' Association." Carried.

Clause 2.—Moved by Miss Mitchell, seconded by Miss Stewart, That Clause 2 be passed with the addition after $5,000, of the words "and shall have power to publish a magazine or journal on nursing."

Mrs. Paffard objected, stating that Clause 3 covered the amendment.

Miss Mitchell said that the Association would have to publish their doings some time, and would like the power to do so without having further discussion, and if these words were added to this clause this could be done at any time desired. Amendment carried without further discussion.

Clause 3, Sec. 1.—Miss Eastwood moved to change the words "Registered Graduate Nurse" to "Ontario Registered Nurse," otherwise to leave the clause as read. Seconded by Miss Mitchell. After some discussion Miss Eastwood withdrew her motion.

Miss Robinson, Galt, wished the meeting to consider further the part of Section 3 in connection with establishing training schools, as it appeared a little ambiguous. A short discussion followed on this point.

Moved by Mrs. Paffard, seconded by Miss Devellin, that Section 1 of Clause 3 remain as read. Carried.

Clause 3, Sec. 2.—Miss Brent suggested that where it reads "nurses," "graduate nurses" be substituted.

Mrs. Paffard moved that Section 2 be passed as it stands, seconded by Miss Devellin. Carried.

Clause 4, Sec. 1.—Moved by Miss Julia Stewart, seconded by Mrs. Tilley, That Clause 4, Section 1, be adopted as it stands. Carried.

Clause 4, Sec. 2.—Moved by Miss Robinson, seconded by Miss Hodgson, That this clause be accepted as read. Carried.

Clause 5.—Moved by Miss Coleman, seconded by Mrs. Yorke, That Clause 5 be adopted as it stands. Carried.

Clause 6, Sec. (A. & B.)—Mrs. Paffard asked why eleven persons were needed? Considerable discussion followed as to the number of persons needed on the Council, some ladies thinking eleven were more than necessary, but a majority of nurses were required so that the power might lie with them.

The part of B reading "Three, and not more than three years' experience as superintendent of a training school for nurses, met with some objection as it was thought possible three superintendents might not be willing to act and the Council would be blocked, but it was shown the word "may" overcame this objection.

Miss Mayou wished to know the reason four duly qualified practitioners were included.

Miss Mitchell explained it was simply to have them as advisers.

Miss Eastwood thought it would make it much easier to get the bill passed, as the physicians would safeguard the Association's interests.

Miss Mitchell said the nurses felt they were influenced by the medical practitioners and they would be appealed to in many matters, and it would be easier to have the bill passed having their aid.

Miss Stewart stated the nurses had been in the habit of obtaining their advice in the past and would like to continue doing so.

The President suggested that Clause 6 be passed as read.

Moved by Miss Argue, seconded by Miss Fralick, That clause 6 including A. & B. be passed as read. Carried.

Clause 7.—Moved by Miss Harrison, seconded by Miss Stewart, That Clause 7 be adopted as read. Carried.

Clause 8.—Moved by Miss Hodgson, seconded by Miss Standen, That Clause 8 be passed as read. Carried.

Clause 9.—Moved by Mrs. Bruce, seconded by Miss Argue, That Clause 9 be passed as it stands. Carried.

Clause 10.—Miss Eastwood was afraid if it required eight people to form a quorum almost all the members would have to live in Toronto, or eight could not be counted on. Suggested that five make a quorum.

Miss Robinson objected to five as too small a number, and that members would have to make it convenient to be present.

Miss Eastwood said there would be many meetings, not alone the annual meeting of the Association.

Mrs. Paffard wished to know if the Association would have to pay the travelling expenses of the Council.

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Miss Eastwood said the members of the Council would have to have a meeting once a fortnight, perhaps, for a while to get matters started, and it would be a dreadful thing if seven people met and could not do anything because there were not eight.

Miss Mitchell asked if not possible to have the whole Council in the city.

Miss Mayou thought it would be wise to have an uneven number.

Miss Robinson thought eight out of fifteen would be all right.

Miss Eastwood suggested that sub committees might meet instead of the whole council.

The president suggested the matter be taken up afterwards, as not necessary to continue discussion now.

Moved by Miss Stewart, seconded by Miss Tweedie, That Clause 10 be passed as read. Carried.

Clause 11.—Moved by Miss Hodgson, seconded by Miss Harrison, That Clause 11 be adopted as read. Carried.

Clause 12.—Miss Stewart stated that a member of the Medical Council had suggested that he did not think Legislature would pass this clause without the fee being fixed—that it left the power in the hands of the Council to make the fee so high as to be exclusive, and that it would be better to have the fee fixed.

Miss Brent suggested that $5.00 be registration fee, and have no annual fee.

Miss Harrison thought that a fee might be made for membership for all time, and another fee for registration.

Miss Eastwood said it was necessary to have both fees or the Association could not be kept up, as there would be a register kept of all nurses.

Dr. MacMurchy, in reply to a question, said that in the College of Physicians and Surgeons of Ontario a fee of $50.00 is paid once by each member, and also an annual fee for the privilege of having the name on the Medical Register. Physicians are warned that if they do not send the $2.00 annual fee they may suffer the penalty of being struck off the Register.

The President thought both annual and registration fees were necessary.

Miss Eastwood said at first there would not be much expense attending registration, but when it meant examinations, paying for time and getting papers printed, etc., there would be considerable expense. She thought nurses who failed in examinations might try twice without paying a second fee, but if they had to try a third time they should pay a second fee.

Miss Robinson said it is perfectly self-evident no work can be carried on without money, and there would need to be a fee.

After a little further discussion as to the effect the clause would have on the passage of the Bill, it was moved by Miss Robinson, seconded by Miss Brent, That Clause 12 be adopted as read. Carried.

Clause 13.—Moved by Mrs. Paffard, seconded by Miss Mitchell, That Article 13 be adopted as it stands. Carried.

Clause 14.—Moved by Miss Stewart, seconded by Miss Coleman, That Clause 14 be accepted as read. Carried.

Clause 15.—Miss Mayou raised the question as to what was meant by "hospitals of good standing."

The President stated it was thought a very liberal provision had been made by using the words "all hospitals in good standing."

Miss Eastwood asked if it would take in private hospitals.

Miss Devellin stated there were many hospitals not general hospitals that had recognized training schools.

The President stated the time was limited to one year, and perhaps it would be better to be liberal during that time. The Americans had made it three years. But after the expiration of the year there should be a standard examination, and all hospitals should come up to it; there should be a uniform curriculum, and uniform text-books in all training schools. That she would like to see the time when certificates would be issued by universities.

Mrs. Paffard said we have almost the assurance of the University of Toronto.

Moved by Miss Devellin, seconded by Miss Roberts that Clause 15 be passed as read. Carried.

Clause 16.—Moved by Miss Harrison, seconded by Miss Mitchell that Clause 16 be accepted as read. Carried.

Clause 17, Sec. 1.—Moved by Miss Stanley, seconded by Miss Ewing that Sec. 1 of Clause 17 stand as read. Carried.

Clause 17, Sec. 2.—Moved by Miss Ewing, seconded by Mrs. Bruce that Sec. 2 of Clause 17 pass as read. Carried.

Clause 18.—Moved by Miss Eastwood, seconded by Mrs. Yorke that Article 18 pass as read. Carried.

Clause 19.—Moved by Miss Brent, seconded by Miss Mayou that Clause 19 be adopted as read. Carried.

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Clause 20.—Moved by Miss Mitchell, seconded by Miss Argue that Clause 20 be adopted as read.

Clause 21.—Moved by Miss Roberts, seconded by Miss Boyd, That Clause 21 be adopted as read. Carried.

Clause 22.—Moved by Miss Harrison, seconded by Miss Lamb, that Clause 22 be adopted as read. Carried.

Clause 23, Sec. 1.—Miss Stewart objected to the amount of $50 as a fine.

Mrs. Paffard pointed out the fact that it read "not exceeding $50."

Miss Eastwood considered it a downright piece of dishonesty to use the letters by one not entitled to have them, and they should suffer the penalty.

The president did not think $50 excessive—there was no use in inflicting a trivial fine for so serious an offence. "We are seeking for protection, and it would be useless unless there was a sufficient fine."

Moved by Miss Tweedie, seconded by Miss Hollingsworth, That Sec. 1 of Clause 23 be adopted as read. Carried.

Clause 23, Sec. 2.—Moved by Miss Standen, seconded by Miss Murray, that Sec. 2 of Clause 23 be adopted as read. Carried.

Clause 23, Sec. 3—Moved by Miss Ewing, seconded by Miss Eastwood, that Sec. 3 of Clause 23 be adopted as read. Carried.

Clause 24.—Miss Eastwood thought it would be a very serious thing to suspend any person.

The President thought the committee would report to the Association after due enquiry by the Council.

It was suggested the person expelled should have the right to appeal to the Supreme Court Judge, as in the Medical Profession.

The President thought it was needless to discuss this point, as it was an unwritten law.

Moved by Miss Hollingsworth, seconded by Miss Lamb, That Clause 24 be adopted as read. Carried.

Clause 25.—Miss Harrison asked if the Association had the right to dictate to the Government the class of people they could employ.

Miss Stewart said it seemed to her that this applied to asylums, and she did not think that a nurse with a general training only, and no experience with an insane person would be capable.

The President replied. It is no unusual thing for the head nurse of an institution to be a graduate from a hospital, not from an institution. If the Legislature chooses to pass this clause why should we object.

Miss Harrison approved of this point, but wished to know how we could expect the Government to pass this Bill when we dictated to the Government whom they should appoint to fill their own positions.

Miss Eastwood said it was not originally our thought.

The President thought it should not be altered, as hospitals were establishing training schools, and asylums should be in command of a registered nurse. The Deaf and Dumb Institute, of Belleville, has a hospital, and a registered nurse in charge; in Queen Street Asylum, at London and Hamilton also they have trained nurses, and do not ask for graduates of their own school, but of the general hospital. There is always general hospital work in specialty work

Mrs. Paffard stated that a graduate of our own General Hospital has been in charge of the London Asylum for years and she has had a large amount of surgery.

The President said, in New York City the Nurses who are not registered are coming to be very seriously handicapped and probably it will be the same in Ontario in time. All nurses must be registered or unregistered and a nurse will in time feel it is rather a disgrace not to be registered.

Moved by Miss Green, seconded by Miss Fralick, that this clause be adopted as read. Carried.

Clause 26.—Miss Stewart asked if they did not think this clause will meet with opposition from every medical man in the House.

The President said she knew of cases where nurses collected their fees for expert evidence.

Miss Hodgson asked, "Do you think they should be paid at the same rate as a doctor?"

President answered, "They have been, and if nursing is to be recognized as a profession she did not see why this clause should not be passed."

Miss Hodgson asked, "What right have we to charge more a day than we would get—say from $18 to $20 a week for time in attending court."

The President suggested that a nurse might lose a case of one or two weeks for that day or two.

Miss Mitchell said $15 a day would not be sufficient to pay her for attending court.

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Mrs. Paffard said a nurse might have hard work to get away from her case, and might have to pay a substitute $3.00 a day, or might lose her case entirely.

Miss Green remarked that she thought medical practitioners had just what the Court thought was right. After some further discussion it was moved by Miss Brent, and seconded by Miss Robinson, That Clause 26 be passed as read. Carried.

Moved by Miss Brent, and seconded by Miss Mayou, That a vote of thanks be tendered to the Legislative Committee for the amount of work and interest during the past months. Carried.

Miss Christie read a very interesting and carefully prepared paper in which she appealed most earnestly for the help and support of our Official Organ, "The Canadian Nurse," after which the President announced that fifty-four new members were enrolled.

Moved by Miss Brent, seconded by Miss Robinson, That the meeting adjourn. Meeting adjourned.

K. MATHESON,
Recording Secretary.

Graduates of Training Schools for Nurses.

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1888.

*Miss Josephine Hamilton, Private Nurse, 505 Sherbourne Street, Toronto.

1889.

Miss Jennie MacDonald, Private Nurse, Paris, France,
*Mrs. A. McGarvey, Private Nurse, 7 Rose Avenue, Toronto,
Mrs. (Dr.) Bond (*nee* Field), Eglington, Ont.
Miss Charlotte McEwen, Deceased.
Miss Jennie Graham, Deceased.

1892.

Miss Olivia Moore, Private Nurse, 81 Plymouth Avenue, Buffalo, N.Y.
Mrs. Cruttenden (*nee* Chaplin), Gerrard Street, Toronto.
Miss Pauline Sterland, Presbyterian Hospital, Chicago, U.S.
*Mrs. Fielding (*nee* Slattery), Deceased.
*Miss Jennie Smedley, Superintendent Western Hospital, Toronto.
Miss Addie Clendennin.

1893.

Mrs. (Dr.) Crawford (*nee* Briggs), Winnipeg, Man.
Mrs. Eleanor Baillie.
Miss Susie Graves, Deceased.
Miss Jennie Reynolds, Boston, U.S.

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*Miss Sara L. Barnhardt, Private Nurse, 8 West 92nd Street, N.Y.
Miss Hannah D Shipley, Superintendent State Hospital, Warren, Penn.

1894.

Miss Cecilia MacDonald.
Miss Lina Rogers, Nurses' Settlement, 356 Henry Street, N.Y.
Miss Hattie Woodland, now married.
Miss Bella McMurchy, Private Nurse, Boston.
Miss Maggie Haines, Private Nurse, Railway Street, Woodstock, Ont.
Miss Ella Alton, Private Nurse, Montreal.
Miss Christina McTaggart, 81 Plymouth Avenue, Buffalo, N.Y.
Miss Christina Campbell, New Orleans, La.
Miss Edith M. Woods (at Home).

1895.

*Miss Margaret Ewing, Private Nurse, 569 Bathurst Street, Toronto.
Miss Marion L. Dobbie, Private Nurse.
*Miss E. Shepard, Private Nurse, 608 Church Street, Toronto.
Miss Belle Johnston, New York.
*Miss Jennie Richardson, Private Nurse, 73 Isabella Street, Toronto.
*Miss Sylva Bell, Private Nurse, Superintendent of Nurses, South Chicago Hospital, 730 92nd Place, Chicago, U.S.
*Miss Barbara Goodall, Private Nurse, 668 Euclid Avenue, Toronto.
Miss Alice M. Booth, Private Nurse, 503 12th Street, Detroit.
Miss Minnie L. Hunter (now Mrs. Gilpin), "Earlscourt," Georgia Street, Vancouver, B.C.
*Miss M. M. Moody, Private Nurse, 272 Rusholm Road, Toronto.
Miss Eva L. Miller, Married.

1896.

*Mrs. Agnes Scott, Matron St. George's School, Newport, R.I.
*Miss Jennie Allan, Manhattan Eye and Ear Hospital, 103 Park Avenue, N.Y.
Miss Mabel Neale, Married.
*Miss Ella Jamieson, Private Nurse, 447 Olive Street, Los Angelos, Cal.
Miss Hattie L. Bayley, Married.
Miss Maggie McKenzie, Married.
*Miss Mary Hally, Private Nurse, 24 Elgin Avenue, Toronto.
*Miss Martha Legge, Private Nurse, Euclid Hall, Broadway and 86th Streets, N.Y.
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*Miss Eleanor Goldstone, now Mrs. (Rev.) Southam, Nashville. Tenn.
Miss Mabel Keown, Married.
*Miss E. A. White, 5 Stanley Street, S. London, Ont.

1898.

Miss Ida Clarkson, now married.
Miss Helen Frew, Private Nurse, Guelph, Ont.
Miss Alice Merritt, Private Nurse, Scotland, Ont.
Miss Alice Kinsey, now deceased.
Miss M. Louise Bolton, Private Nurse, Bolton, Ont.
Miss May Allan, Private Nurse, Birmingham, Alta.
*Miss Maude L. Barnard, Head Nurse Parry Sound Hospital, Ont.
Miss Libbie Reid, Private Nurse, Oakville, Ont.
Miss Rosa Pass (Mrs. Geo. Pike), Private Nurse.
Miss Jane Barry, Superintendent Hillman Hospital, Birmingham, Alabama.

1899.

Miss Beatrice Gibson, now married.
Miss Margaret Allan, Private Nurse, Hartford, Conn.
Miss Eleanor Stevens, now Mrs. (Dr.) Cull.
Miss Alice Waller (Mrs. Minhinick), Private Nurse, 32 Empress Crescent, Parkdale.
Miss Flora Pyke, Eye and Ear Hospital, Boston.
Miss Maud Merritt.
Mrs. Emma Fletcher, England.
Miss Edith Nesbitt, England.
Miss Henrietta Parker, New York.
Miss Matilda Arrell, now married, 56 Robert Street, Toronto.
Miss Leilia Cobban, now Mrs. (Dr.) Millspaugh, 901 Kensington Road, Los Angeles, Cal.

1900.

Miss Gertrude Edwards, now deceased, by drowning.
Miss Robina Cuthbertson, Missionary, India.
Miss Maud H. Barnard, Lancaster, N.Y.
Miss Ethel Beemer, now Mrs. Love, 296 Avenue Road, Toronto.
Miss Christie Fraser, 408 West 57th Street, N.Y.
Miss Emilie Harmer, Grand Rapids, Mich.
Miss Lydia Hill, Jarvis, Ont.
Miss Margaret McIntyre, 408 West 57th Street, N.Y.
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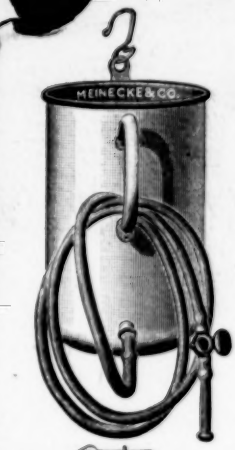

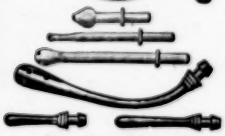

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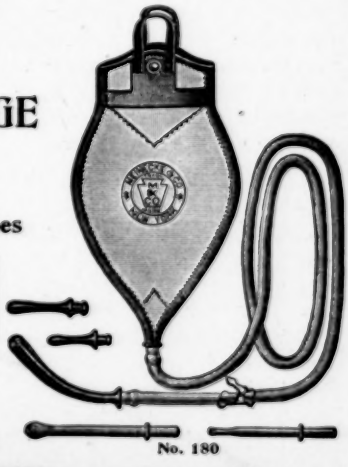

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*Miss Mary Fraser, Private Nurse, 557 West 21st Street, N.Y.
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Miss Edna Byers (Mrs. Dr. Moir), Dunnville.

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*Miss Daisy Brown, Private Nurse, 737 Sherbrooke St., Montreal.
*Miss Mary Hill, Private Nurse, 33 Walker Avenue, Toronto.
*Miss Claribel Lemon, Private Nurse, 20 Boswell Ave., Toronto.
Miss Ella Bennett, Private Nurse, Dunnville, Ont.
Miss Mary Malone, Private Nurse, 408 West 57th Street, N.Y.
*Miss Jean Northcote, now Mrs. T. H. B. Dawson, Sault Ste Marie.
Miss Eva Burrows, Private Nurse, 408 West 57th Street, N.Y.
*Miss Louise Doble, Private Nurse, 408 West 57th Street, N.Y.
Miss Bernice Adams, now married, Longford Mills, Ont.
Miss Ella Tripp, Private Nurse, 5 Delaware Avenue, Toronto.

1903.

Miss Frances Fraser, Roosevelt Hospital, New York.
Miss Florence Le Fevre, Dr. Bull's, New York.
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Miss Henrietta Alexander, now Mrs. (Dr.) Waters, India.
Miss Constance Fraser, Private Nurse, 137 West 21st Street, N.Y.
Miss Jean Gross, now Mrs. Matthews, Lindsay, Ont.
*Miss Florence Blythe, Private Nurse, 62 Grenville St., Toronto.

1904.

Miss Eva Shanks, Private Nurse, Mattawa, Ont.
Miss Annie Lindsay, New York.
Miss Laura McFarlane, Private Nurse, Port Arthur, Ont.
*Miss Edith McKim, Private Nurse, 76 Close Avenue.
Miss Bessie Ball, Private Nurse, Woodstock, Ont.
Miss Avillia Walkinshaw, Lakeside Hospital, Cleveland, Ohio.
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Miss Daisy McDonald, Private Nurse, Detroit, Mich.
Miss Annie Woodside, Sloan Maternity, New York.

1905.

Miss Edythe Brown, in charge Children's Ward, Roosevelt Hospital, New York.
Miss Flora Wiggins, Private Nurse, 24 Elgin Avenue, Toronto.
Miss Evelyn Whitemarsh, Private Nurse, 567 Sherbourne St., Toronto.
Miss Mary Hindley, Private Nurse, Ospringe, Ont.
Miss Helen Wapshott, Presbyterian Hospital, Chicago.
Miss Amy L. R. Taylor, Private Nurse, 566 Church St., Toronto.
Miss Ella Lewis, Private Nurse, 408 West 57th Street, N.Y.
Miss Violet Rose, Private Nurse, 17 Washington Ave., Toronto.
Miss Jessie Bain, Private Nurse, 566 Church Street, Toronto.
Miss Arilla Donaghue, New York.
Miss Alice Cowper, Private Nurse, 24 Elgin Avenue, Toronto.
Miss Grace Robertson, Private Nurse, Deer Park, Toronto.
Miss Lillian Southgate, Toronto, Deceased.

NOTE.—Our readers are requested to assist the Secretary, Miss Mary Gray, 505 Sherbourne Street, Toronto, by sending her any corrections for the above list.

GRADUATES OF NICHOLLS' HOSPITAL, PETERBORO.

CLASS I.

Miss Violet Dixon, Deceased.
Miss Fraunde, Day Nursery, Boston.
Miss Boyle, Address Unknown.
Miss Williamson (Mrs. McDowel), Cass City, Mich.

CLASS II, 1894.

Miss Alice M. Wood, Private Nurse, 359 W. 57th Street, New York.
Miss Fanny Kay, Deceased.
Miss Carrie R. Hoyt, Private Nurse, 55 Beverley Street, Toronto.
Miss M. Waterbury, Private Nurse, Waterbury, Conn.

CLASS III, 1895.

Miss Tush. Barnet (Mrs. W. Leck), Peterboro.
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Miss Mamie Nathers, Private Nurse, Banff, N.W.T.
Miss Edith Johnston (Mrs. Wemp), Toronto.
Miss Ketta Irwin (Mrs. Lancashire), Peterboro.

CLASS V, 1897.

Miss Clara Clark, Married, Unknown.
Miss Grace Burnham, Private Nurse, Cobourg.
Miss Lydia Fahener, Superintendent General Hospital, Portage la Prairie.
Miss Frances Bryson (Mrs. Pierce), Chicago.

CLASS VI, 1898.

Miss Helen Coleman, Assistant Nicholl's Hospital, Peterboro.
Miss Margaret Dunn, Private Nurse, Peterboro.
Miss Agnes Barnet (Mrs. Dr. Lundy), Portage la Prairie.
Miss Irene Walton, Private Nurse, Medicine Hat, Assa.

CLASS VII, 1900.

Miss Margaret Ferguson, Private Nurse, Peterboro.
Miss Rachel M. McNeillie (Mrs. Dr. McCullough), Peterboro.
Miss Jessie R. Cameron (Mrs. S. A. Carpenter), Regina, N.W.T.
Miss Margaret Wilmot, Private Nurse, New York City.

CLASS VIII, 1901.

Miss Mary Maloney, Private Nurse, 1933 Indiana Avenue, Chicago.
Miss Grace Reid, Manhattan Eye and Ear Hospital, N.Y. City.
Miss Edith Finley, Manhattan Eye and Ear Hospital, New York City.
Miss Ethel Carney, Manhattan Eye and Ear Hospital, New York City.
Miss Lillian Staples, Manhattan Eye and Ear Hospital, New York City.
Miss Edith Wilkinson, Unknown.

CLASS IX, 1903.

Miss Edythe Dick (Mrs. Edgar Jarvis), Melfort, N.W.T.
Miss Frances Munt, Private Nurse, Peterboro.
Miss Ida Houlehan, Private Nurse, 19 Washington Street, Bowlingreen, Ohio.

CLASS X, 1904.

Miss Anna C. Sharkey, Private Nurse, Peterboro.
Miss Mary E. Gordon, Private Nurse, Peterboro.
Miss Grace A. Dainty, Private Nurse, Peterboro.
Mrs. Helen Richardson, Private Nurse, Peterboro.
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Miss M. Bradley, Married, Brockville.
Miss Ethel Weacon, Nursing, London, Eng.

1891.

Miss Bella Thompson, Married, Montreal.

1892.

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Miss L. E. Watson, Nursing, Platsburg, N.Y.

1893.

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Miss J. B. Heller, Nursing, Montreal.
Miss L. M. Sixby, Nursing, St. Albans.

1894.

Miss H. F. Parker, Married, Indiana.
Miss Maud Hopper, At Home, Moncton, N.B.
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Miss A. F. Lewis, Doctor's Office, Montreal.
Miss Fanny McBeath, Nursing, Montreal.

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A Study in Nursing. A. L. PRINGLE. London, New York, and Toronto: MacMillan & Co.

We have found the reading of this little book interesting and profitable. Miss Pringle was formerly matron of St. Thomas' Hospital; Superintendent of the Nightingale Training School, and Superintendent of Nurses at the Edinburgh Royal Infirmary. From this great experience she speaks of nursing, the officials, the organization, the units of the profession in a tone and spirit practical, high and helpful throughout. *Amare est servire.*

Anatomy and Physiology for Nurses. By LEROY LEWIS, M.D. Philadelphia and London: W. B. Saunders & Co. Toronto: J. A. Carveth & Co. $1.75.

Dr. Lewis, who is Lecturer on Anatomy and Physiology to the nurses at the Lewis Hospital, Bay City, Michigan, has used his lectures as a basis for this excellent handbook. It contains the outlines and essentials of these two great subjects, and we think in its arrangements, in its conciseness and in the clearness of its descriptions, as well as in other respects, it is a good text-book. There are one hundred illustrations, review questions, indexes, etc.

In Watchings Often; Addresses to Nurses and Others. By the REV. E. E. HOLMES, Hon. Canon of Christ Church and Vicar of Sonning. London, New York, and Bombay: Longmans, Green. Toronto: J. A. Carveth & Co.

This book of devotional addresses given to the nurses of the Guild of St. Barnabas (now nearly 3,000 in number) has met with wide acceptance in England. It was first issued in February, 1905, and has since been reprinted six times. The Lord Bishop of Lincoln, in the preface, speaks of the spiritual and yet practical tone of the addresses and the reading of the book itself amply confirms this view. Among other beautiful addresses may be mentioned "The Hands of Jesus," "Martha's House," "Deus Clinicus." We are all too ready to forget spiritual concerns and need such books and words to help us to remember.

Surgical Instruments and Appliances. HAROLD BURROWS, M.B., F.R.C.S. London: The Scientific Press. Toronto: J. A. Carveth & Co. 1s.6d.

This little book contains a description of all the instruments at present used in operations, with an illustration of each; also chapters on The Anesthetist's Table, Out-patient Departments, Preparation for Operation in a Private House, etc., and is very complete and useful.

The Doctor Says. London: Sidney Appleton.

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VOL. II. TORONTO, JUNE, 1906. No. 2

SOME REMARKS UPON THE NURSING OF CASES OF MENTAL DISEASE.*

In a somewhat extensive experience I have on many occasions been associated with Hospital Nurses, and have been disappointed at finding that in the nursing of mental cases they have not, usually, risen to the occasion with the same success that has characterized their efforts in different directions. This was a matter of surprise, and at first I could not understand failure, where, theoretically at least, the reverse should be the rule. Nurses did not seem to get in touch with their patients and adopted methods bound to produce unsatisfactory results.

A consultation with some leading alienists, who had extensive General Hospital experience brought out the fact that my disappointment was one common to those whose investigations had followed similar lines, and they insisted that the very best nurses for mental cases, or indeed for all classes of cases, were those who had passed a period of probation in the care of the insane and graduated in an up-to-date General Hospital. This is, of course, ordinarily, an impossible experience, but I think much of the failure of the Hospital Nurse is the outcome of a wrong point of view, for which she is in no respect to blame. She has no real knowledge of the true nature of insanity, and has never realized that it is a disease; she has confounded cause with effect and has regarded symptoms as a disease, rather than evidence of disease.

In training our nurses there is one thing never lost sight of for a moment, and from the beginning to the end of the term, the truth that all forms of insanity must be regarded as disease, as well marked as typhoid, is impressed upon them.

Not only that, the basis of our teaching is the hospital idea—that is, the patients are regarded as sick people and are treated as such. Both patients and nurses are taught this. Ordinarily the grotesque side of mental disease impresses the nurse not well informed, and she has no intelligent conception of what she is undertaking. This condition of affairs is largely the outcome of popular prejudice, which from time immemorial has had much to do with providing stumbling blocks in the way of advanced treatment for the most helpless class in the community.

* Abstract of a lecture delivered under the auspices of the Nurses' Alumnæ Associations of Toronto, April 5th, 1906.

There is a rapid awakening in regard to these matters, and the nursing and care of the insane in Canada, is gradually assuming an importance it did not command not many years ago.

The development of the Trained Nurse in Hospitals for the Insane has been the most important advance made in this connection.

In this brief article I shall do little more than indicate the general lines of treatment now adopted in the care of acute cases of insanity.

Theoretically, acute mental cases should be treated in private houses; practically such a course is impossible, not only on account of the enormous expense entailed—an expense very few are able to meet—but also because of the difficulty in obtaining isolation from the importunities of anxious, injudicious friends. As isolation is one of the things most to be desired in the nursing of mental disease, it will easily be understood that institution care is almost inevitable. Up to the present Canada has not seen fit to construct any ideal building for the treatment of acute cases, but before long the necessity for this will be recognized and the much-to-be desired development take place.

As it is, we have to make the best of the present conditions, fully aware that we are far from the ideal.

Practically all the really acute cases are isolated and given a modified rest treatment, which necessarily includes, massage, and careful feeding, as it goes without saying impaired physical health is the invariable accompaniment of mental trouble. Loss of weight, steadily going on, means mental deterioration, and the anxious nurse will not neglect to weigh her patient regularly, for she may rest assured that the advent of returning reason will be marked by increasing bodily weight. No wonder we preach the "gospel of fatness" so persistently.

The question of diet will always be an important one, and in cases when the assimilative powers are low, as they often are, peptonizing of all nourishment may be required. Sometimes Koumyss and Matzoon prove useful additions to our list of easily assimilated foods, although milk and eggs will always be the sheet anchors.

The obstinate refusal of food by the patient will often prove a difficult problem, and here the clever nurse has a great field in which to exercise her genius. When it is remembered that the whole question of recovery may hinge on successful feeding, the importance of the problem is at once realized.

Our daily experience with recently admitted cases, particularly those of melancholia, is that the matter of careful feeding has, ordinarily, been neglected, excepting where there has been an obstinate refusal on the part of the patient to take food; owing to a reluctance on the part of the physician to resort to forced feeding. So alive are we to the importance of this, that feeding by means of a soft rubber tube is insisted on, even when the refusal to take food is persisted in for a few hours. Where there is likely to be any trouble or violence in feeding by the mouth, the nasal route is selected, and the process is simple in the extreme to one familiar with it. When it is kept in mind that the danger of death from

exhaustion is always present in acute cases of insanity, the trouble taken to feed the patient does not seem an unnecessary one. Then again no hope of improvement can exist if the patient is reaching a lower condition physically.

Isolation, rest, careful feeding, massage and intelligent nursing are the lines to be followed in the management of curable cases of insanity.

There are very few cases of mental trouble to which the full rest treatment is applicable, so a modified form is adopted, dependent largely on the needs of the patient under our care.

To the nurse, the question of the control of violence and excitement will ever be one of vast importance, and her difficulties will be intensified if the patient is being treated in a private house. In the present day we see very little of the intense excitement that once characterized so many of the acute insane. The intelligent use of hydro-therapeutic measures has altered all this, and there are few cases of acute mania that will not yield to the soothing effects of hot packs properly administered. Such packs are easily applied; are free from the dangers which sometimes exist in connection with the hot bath, and may be repeated several times a day, if necessary in the physician's opinion, with benefit. We almost invariably apply an ice bag to the head during the administration of the pack, and if the patient falls asleep in the pack it is poor policy to disturb him.

The hot bath, not higher than 104 degrees F. (even better at 103 degrees F.) is, at times of the greatest use in allaying excitement. In maniacal disturbance of the persistent type, the continuous bath, in which the patient remains for days at a time is frequently employed, in properly equipped institutions. Hydro-therapeutic measures have supplanted, to a great extent the use of sedatives and narcotics, and restraint has for years been a thing of the past in modern Hospitals for the Insane.

Cold packs are generally harmful, although in some instances cold spinal douches alternated with hot douches are useful.

As autotoxis is an extremely common state in some varieties of insanity careful attention to the condition of the bowels should be given, and patients encouraged to drink plenty of water.

Sleep charts as well as daily charts and records should be carefully kept.

Perhaps the most important function of the nurse is that of applying what we term psycho-therapeutics, and it is in this department the General Hospital Nurse is apt to come to grief, if she follows rigid methods of routine. She is not dealing with an individual who will submit to inflexible rules with a cheerful obedience, that means a good time for patient and nurse, but with one who has a point of view that even Alice in Wonderland would have some difficulty in approaching. Tact, patience, the ability to lead and persuade, firmness; in fact all sorts of adroit methods of getting results are necessary. Deception must not be practised and the insane are just as capable of appreciating honest truths as the sane. The idea that they must be wheedled and coaxed by untruthful methods is one of the mistakes frequently made. Their delu-

sions and hallucinations cannot be removed by argument; and it is unwise ordinarily, to discuss them. There is nothing to be gained and much harm may be done. Kindness, tact, infinite patience, sympathy and truthfulness are the equipments of the ideal nurse for mental cases.

The danger of suicide in melancholia must never be forgotten for an instant, and the nurse who theorizes on the basis that the patient would never commit such an irrational act, is apt to receive some rude shocks. It must not be forgotten too that a suicidal patient will adopt the most ingenious methods to accomplish her purpose.

In a general way I have indicated the broad lines to be followed in the nursing of mental cases, although each patient must form a special study.

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A DAY'S WORK IN A BOSTON DISTRICT BY THE "HELEN E. CARY NURSE."

The district wherein my work lies extends from Dover Street to Boylston Street and from Harrison Avenue to Park Square.

The day's work begins at 8.30 a.m.

First case is a Jewish girl with a bad form of heart disease. I have already taught the mother to bathe her, make her bed, and guard against bed sores, and she keeps her very comfortable. I take the girl's temperature and pulse, rub her back, and repeat the advice already given about keeping the air fresh and giving good nourishing food.

A baby with pneumonia comes next. Yesterday afternoon I showed the mother how to sponge him, wash his mouth, prepare his food and give it to him regularly, and keep the air fresh. She has done her very best to carry out instructions. All the surroundings are clean, and the windows in the adjoining room are open, so that the air is kept pure without chilling the child. The little patient is hot and restless and the mother is just starting to sponge him. She has given two sponge baths since yesterday afternoon, but wishes to see me give one again. I take and record the temperature and pulse, then have her give the bath, while I watch and suggest improvements on her method where I think they are needed. We make up his cot with fresh sheets and pillow case, give him a drink of cold water, and the baby goes to sleep.

Third case is a woman with a very painful attack of rheumatism in her hand. She reports that the splint which I applied yesterday afternoon has given great relief, but complains of the weight. The placing of the suffering member in a sling helps that trouble. Her daughter gives her all needed care, so I give

a few general directions about food, air, and medicines, and leave her to finish the morning's toilet, which I have interrupted.

An Irish woman, upon whom has fallen a double portion of the spirit of blarney common to her race, is the next patient. A visit to her ought to keep the most sour woman in good humor with herself and the rest of the world for one day. Hers has been an unusually bad case of varicose ulcer. When the physician first saw her he told her that she must stay in bed. She invented every possible excuse for not doing so, and was very firmly told that if she was caught out of bed she would be at once discharged. On my subsequent visits I find her in bed, but there are usually many evidences that her entrance into it has been somewhat hasty. On one occasion I accused her of having been up, and her denial is prompt and emphatic. Being convicted by the direct evidence of dirt on the soles of her feet, which were washed the day before, she acknowledges her guilt, with this plea for mercy: "Well, achree, how can I be staying in bed all the time with nothing to do? I can't read and I can't sew, and I'm afraid that if I keep praying all the time I'll pray too much." She begs me not to tell the doctor, and I give the required promise on condition that it won't occur again. It probably does not for an hour or two. However, in spite of the getting up the wound is now almost healed, and as her friend has long ago learned to have everything ready for me, the dressing takes very few minutes. The patient and her friend are interested spectators. "It's almost well now, thank God! And thank you, too," she added. "Oh, yes," said her friend, "the Lord needs help."

Next patient is also an Irish woman, but much trouble and much living alone have turned her sour. An attack of grippe has not added to her amiability. She is getting better, but is still pretty weak. Yesterday she quarreled with the friend who has been coming in to do her work every day. This morning she has not come as usual to light the fire, and the patient is shivering with the cold. I light her fire, give her water to wash herself, and heat for her a cup of broth which I find on the table. I then place a pitcher of milk and her medicine where she can reach them, promise to write a note to a friend who, she says, will come to stay with her for a few days, and take her empty bottle to bring her a fresh supply of medicine from the Dispensary.

I meet the district physician at the Boston Dispensary at 10.30. After reporting the condition of patients visited yesterday afternoon and this morning, and getting needed prescriptions, I go with him to make the new calls. To-day there are seven.

After they are made I have luncheon. I then go back to the Dispensary, where I get some prescriptions filled, write the note for the patient with grippe, and provide myself with sheets, cotton waste, and paper napkins and bags from the loan closet. These supplies I take to a consumptive case visited with the doctor this morning. She is a young woman of twenty-four. The disease is far advanced but as long as she was able to be up they had called no doctor. Now she is confined to her bed, is very feverish, and her back shows signs of approaching bed sores. Her mother

takes care of her as well as she can, but they are very poor and supplies are scarce. I give the patient a bath, comb her hair, change her bed and body linen, showing the mother, who gives what help she can, how to do these things with the least exertion to the patient. I rub her back thoroughly with alcohol and then powder, and impress on the mother the necessity of doing this often and well to prevent the formation of bed sores. I tell the patient to rinse her mouth often and to drink plenty of water. With the cotton waste and bandages I make a ring to protect her back from the bed. Owing to danger of infection, we are unable to loan patients suffering from this disease the rubber rings usually used for this purpose. I then explain very fully the danger to which the patient and the other members of the family are exposed if any of the sputum is allowed to dry and get into the air. I show them how to use the paper napkins and bags, and caution the mother to see that the soiled pieces of paper are burned often, and that the patient in her weakness does not allow any of them to drop into her bed. I also tell her to keep the patient's clothing and dishes solely for her own use, and to have them washed separately from the things used by the other members of the household. I impress on both the great importance of fresh air, clean surroundings, and good nourishing food. I find that the mother is unable to provide the latter, so I give her a diet slip.

An Italian baby with bronchitis and laryngitis, also visited this morning, is the next patient. He is a rather forlorn looking little object. He is feverish and breathes with great difficulty. His mouth is sore; his eyes are inflamed and discharging, and he is facing a strong light. The parents understand scarcely a word of English. I ask for a blanket in which to wrap the baby while I give him a bath, and am shown about a dozen articles before getting something that answers the purpose. I want something to hold the water, and I go through the motion of washing my hands. I am offered soap, then a towel, and finally a bright little boy brings me the pan from under the ice chest. When the mother understands what I am about she comes and helps. Helps to some purpose, too, and the baby is very quickly bathed. She watches carefully while I wash out the mouth and eyes, and a gesture toward the window is enough. She brings some wrapping paper and places it in just the right position to shield the baby's eyes from the light. Then come the medicines. Baby is to have ten drops of one kind of medicine and a teaspoonful of another kind every three hours, and a medicated steam inhalation three times a day. I count out the ten drops in a small glass. She nods her head as each drop falls. A teaspoonful of the other medicine, and some water is added, and the dose is given to the baby. I show her on the clock what an hour means, and the three is easily illustrated by holding up three fingers. She shows plainly by look and gesture that she understands perfectly, and we prepare the inhalation. She very quickly learns how and when this is to be given, and her firm manner shows plainly that the baby's very

evident objection to the process will not prevent his getting it for the prescribed length of time.

I now call next door to see a man with a septic wound of his knee. This is nearly well, and his wife is faithfully carrying out the treatment.

Next call is at a Russian home, where a patient for the Dispensary is seldom lacking. The mother has been told, times without number by many physicians and nurses, that if she wishes her children to be healthy she must keep them clean, give them fresh air, and feed them properly, but she still seems to believe that it is possible for the doctor to give them something that will keep them well without any trouble on her part. She has been shown, both at the Dispensary and in her home, how to prepare food for them, and has been given diet lists innumerable, but a good loud cry from one of the children usually procures for it whatever article of food it may desire. This time Israel has bronchitis. "He's worster," is her answer to my inquiry about the child. "The poor child he cry all night, and him's chest go just like he play de music." The child is sitting at the table eating bread and some fried stuff, although the prescribed diet is milk and broths. "He cry, he scream so hard, poor child, I can't keep it from him," is the mother's excuse. We go over the old ground once more, and she promises to stand the screaming and give the child nothing but the food prescribed. The ground here is very stony, but I believe an occasional seed does bear fruit, for she keeps her house and children just a shade cleaner than she did three years ago, when I first made her acquaintance.

I now go back to the lone lady with the grippe. She greets me with a whine: "I thought you were never coming." She inquires about the note. "Yes, I posted it this afternoon." "I thought you would do it this morning," she grumbles. Although she is in no condition to be out of bed, she is sitting in the kitchen. She has had some large chunks of wood brought in, and beside them lies a small axe. "Now," she says, "if you will cut the wood for me, I think I can light the fire myself." I ask about the woman who has been coming, but get very evasive answers. I decide to investigate, and visit the neighbor across the hall. She tells me that the woman came about noon, but was refused admission, and left word that she would come again when sent for. The neighbors would willingly light the patient's fire and do what they could for her, but she locks her door and will not answer their knocks. I go back to tell the lady that it is impossible for me to keep her fire going, and she ought to let her neighbors help her. My speech is cut short with, "For heaven's sake! while you're talking there you might have had the wood chopped." I send the neighbor's little girl for her friend, and leave them to settle the wood question.

My last visit is to an Irishman with grippe. I find him up and feeling much better. He heaps blessings on the doctor, the medicine, and myself, and the day's work closes with the benediction: "Good-by, good luck. May the Lord spare you your health," called over the bannisters as I reach the bottom of the two flights of stairs.

A. M.

THE MACK TRAINING SCHOOL FOR NURSES.

In 1875 there was published in St. Catharines, Ontario, a small pamphlet entitled, "First Annual Report of the St. Catharines' Training School and Nurses' Home." This report, only two copies of which are, I believe, now extant, gave an account of the founding of the training school the previous year, set forth the numerous advantages to be gained by the system of hospital training which had been established, detailed the duties of the nurses and the by-laws governing them, and, altogether, contained much that is interesting after a lapse of thirty years, about the founding of the first Canadian training school for nurses.

As, during the three decades intervening between the issuing of this report and the present year, no apparent effort has been made to establish the school's claims to public recognition as the Canadian pioneer, it is scarcely surprising that many, even of those most actively interested in such matters, are not aware that to the General and Marine Hospital, St. Catharines, belongs the distinction of having been the first hospital in the Dominion to have a training school for nurses established in connection with it.

This hospital was founded by Dr. Theophilus Mack, in 1865, and from a small cottage-hospital it rose during the first ten years to be, as the then Inspector of Hospitals, etc., stated in his annual report, "one of the best and most convenient hospitals in the province."

Dr. Mack, the founder, was untiring in his efforts. To his enterprise is largely due the fact that a training school was established in St. Catharines years before the larger cities of the Dominion received the innovation, and at a time when nurses' training schools were practically unknown in America.

It is true that schools were established about the same period in two or three of the United States hospitals, but their somewhat prior existence does not seem to have had any bearing upon the establishing of the pioneer Canadian school.

Large hospitals in Great Britain were known to be training nurses with marked success and the authorities of the St. Catharines Hospital were enthusiastic enough in their labors for the advancement of the institution to decide that patients in it must also benefit from the system of hospital training that had proved of such value in the mother land.

Miss Money, an Englishwoman, who was matron in 1873, was commissioned to go to England for the purpose of bringing out several trained nurses and others willing to be taught to the number of five or six.

In the early part of the winter, 1873-74, Miss Money sailed upon this mission. She returned early in 1874, bringing with her three trained nurses, graduates of Guy's Hospital, London; and by June of the same year, the St. Catharines' Training School for Nurses—since given the name of Mack Training School, in honor of its founder—was established. It has had an uninterrupted

existence ever since; and from its inception was evidently conducted upon advanced ideas and plans most approved by the best authorities.

The uniform for nurses on duty, for instance, was so well chosen that to the present date it has never been found necessary to materially alter it in order to keep pace with the march of progress. The blue and white striped cotton dress, large white apron, white linen collar and cuffs, and white cap, that the present nurses wear, were worn by the first pupil-nurses thirty-one years ago.

The period of training was three years (as at present), during the first six months of which those in training served as probationers, free.

Pupil-nurses of Mack Training School have always been required, after a stated period of training, to nurse a limited number of cases in private families; and the records show that ample opportunity has always been afforded them for this. In the early days, and, in fact, for many years it was an almost daily occurrence to receive requests for nurses, these requests frequently coming from distant cities and towns; for instance, from Buffalo, Rochester and many other parts of New York State; from Toronto, Hamilton, London, Woodstock, Stratford, St. Thomas, Peterboro', Belleville, Kingston, even from as far distant as Montreal, not to mention scores of other places.

That the fame of this comparatively small school did go well abroad was evidenced by the fact that even from New York City came a request for the name of any M. T. S. graduate, who might be available for a position as Supervisor of Nurses in a large hospital there.

Space does not permit a detailed account of the thirty-one years' work of this school. Its graduates—now scattered over the world—have held important institutional positions in this and other countries; they have labored as army nurses, both in South African and Spanish-American Wars. Some have become foreign missionaries, while others engaged in private nursing have been welcomed as valued assistants by doctors of the highest standing in many cities.

While it is not possible to mention individually the work of graduates, it may be stated in passing that Miss Eugene Hibbard, at present Superintendent of a Training School in Cuba for years Lady Superintendent of Grace Hospital, Detroit, and now so widely known as a war nurse, having been Superintendent of Nurses on Hospital Ship *Maine*, fitted out by American ladies resident in England for service in South African War, is a graduate and a former Superintendent of Mack Training School.

The school has had in all nine Superintendents, the present most efficient one being Miss H. Hollingworth, a graduate of Toronto General Hospital Training School.

Dr. Mack died October 26th, 1881.

A. E. HUTCHISON.

THE TYPHOID EPIDEMIC AT FORT WILLIAM.

Fort William is a town of about 7,691 inhabitants, situated near the head of Lake Superior on the Kaministiquia River. Typhoid has been epidemic for a number of years in this place. The water supply is obtained from the Kaministiquia River, and pumped directly through the town without treatment. The intake pipe, which is situated about the middle of the town, was broken by a passing vessel in November last year, and the town took its water supply from about thirteen feet of water and only about twenty feet from the shore. Four sewers empty into this river, and one of these, of the old box style, empties just above the pipe. In connection with this sewer were several houses in which typhoid fever had developed in December and January. In the latter part of January typhoid began to increase, and in February got beyond the control of the local authorities. Prof. Starkey, D.P., H.M.R.S.I. (London), was sent for. He came up and took a general view of the state of affairs, and advised first that all infected houses be placarded, the printing and distribution of public notices, the printing and distribution also of notices for houses infected with typhoid fever; and on his return sent F. C. Douglas, M.D., C.M., D.P., H.M.R.S.I. (London), to take full charge of the situation.

Dr. Douglas arrived on March 10th. The plan of action was to send an inspector, immediately on the report of case, to placard the house and see that isolation was carried out, and to see that printed rules were carried out to the letter. A rigid inspection of all hotels, dairies, boarding-houses, and all places where food stuffs were stored or sold was made. The Health Committee prepared three cards with instructions regarding sanitary rules, and sent one to each home, hotel, boarding-house and dairy; also a notice was placed on the water tap stating that the water was unfit for use unless boiled fifteen minutes. For the houses infected with typhoid fever a special card was sent, with instructions regarding the isolation of the patient and the nurse, emphasizing the necessity of disinfecting the hands of the person in attendance, and changing the apron or gown before mingling with the family, as a number of contact cases have arisen. In fact the cases for the past two weeks have been contact cases, owing to the carelessness of the attendants The weekly report of cases upon the arrival of Dr. Douglas, March 10th, had reached the number of 161, and has been reduced to one case up till Thursday of this week, April 11th.

The greatest number of cases reported in one week was 161; the greatest number of deaths in one week was 11. One is quite safe in saying one of every twelve inhabitants had typhoid fever.

Previous to the arrival of Dr. Douglas, the town had sent to Toronto and Winnipeg for nurses, and had opened up what was termed the Coal Dock Hospital, with an accommodation for 28 patients, 5 of whom were women; also the Finland people gave up their church, with accommodation for 19 patients, 7 of whom were women. These two hospitals were in the Coal Dock region,

where the inhabitants were nearly all foreigners. It was found very hard to deal with cases not sent to a hospital, there was so much carelessness regarding the excreta, even with the assistance of a staff of visiting nurses. During the absence of the nurse the people would dispose of the excreta as they chose, often times emptying the vessels in the yard without any use of disinfectants whatever.

Two weeks after the opening of the Coal Dock and Finland Church hospitals the Auditorium was opened up to be used for a hospital, with an accommodation for 31 patients, though the greatest number of patients at one time in the Auditorium was 26. The stage was used for a female ward. As there was only space for 8 beds, and more women waiting for admission, we were forced to curtain off a space on the ground floor for the accommodation of women. In all we had 11 women patients in the Auditorium. Previous to the opening of the temporary hospitals, McKellar General Hospital had built an annex, with accommodation for some thirty-three or thirty-four patients, so McKellar Hospital can now accommodate some ninety patients.

The complications were pneumonia, abscesses, boils, phlebitis, glandular involvement, also considerable ear trouble and coughs. In a ward of 28 patients 25 would have a cough, with considerable expectoration. There were some very severe hemorrhage cases, with which, in the majority of cases, we had splendid results; also several cases of very acute tympanites and some cases of severe diarrhea. Among the 77 cases which I assisted in nursing there was not one case of perforation, though we heard of several deaths from perforation in the town. The epidemic seemed to be of a most malignant type and a mixed infection, as we had very few typical typhoid charts.

It is most noteworthy that at the beginning of the epidemic the death rate was much higher among the Canadians, but latterly the death rate has been higher among the foreigners also there were more males than females attacked. I am very thankful to say that by the strict measures adopted by the Board of Health, and the splendid assistance rendered by the visiting nurses (of whom there were seven, all from Winnipeg), together with that of the hospitals, the epidemic has been practically overcome, though, I am sorry to say, with considerable loss of life.

JANET G. MCNEILL,
Graduate Riverdale Hospital, Toronto.

"BUT if you have learned to work in delicate veracity, stern against yourself, loyal to the perfection whose veils no man has lifted; if the far vision of that perfection has touched you with loyalty, manned you with courage and made you leap, glad to meet the tasks which are set before you, what is this but entrance here and now into the Kingdom of God?"—*President William L. Bryan, Indiana University.*

SOME MAKESHIFTS.

When a nurse, who has been trained in a well equipped hospital, starts out to do private nursing, she is often at her wits' end to know what to substitute for the convenient, but expensive and almost indispensable appliances she has been using daily during her three years as a pupil nurse. Some of the makeshifts I am now going to describe I have found just as efficient and useful as their more elaborate models.

1. Head Mirror.—In the absence of a head mirror an excellent substitute is a reflector, made of a brightly polished dessert or tablespoon with a wax candle, cut flat on one side, tied tightly to the handle of the spoon, allowing the lighted end to project one-third over the bowl; the most suspicious throat, inflamed ear, or obstructed nose is by this means brightly illuminated.

2. Kelly Pad.—A Kelly pad is expensive to buy, cumbersome to carry in the nurse's kit, and soon destroyed by conscientious cleaning, or by being folded away. To improvise one that is equally good for obstetrical cases, dressing wounds, or irrigating cavities, fold a sheet across twice, roll it into a tight roll, lay it on the bed in the shape of a horseshoe, letting the two ends project over the edge of the bed, pinning them firmly with safety pins to the mattress, over the rolled sheet put a good sized rubber sheet or piece of oil cloth, tuck it well under the inner side of the roll, and then over the outer, let the end project over the side of the bed, to conduct the water into the pail, the two edges being held together by a spring clothes pin or a pair of artery forceps, to form a trough for the fluid.

3. Leg Holders.—As assistance is often unobtainable in obstetrical and gynæcological treatment where the patient is required to be in the lithotomy position, there are two simple leg holders which can be used instead of having an assistant on each side to hold the legs flexed.

First.—Open out a sheet, twist it diagonally from opposite corners, until it is a roll, pass it over one shoulder, and under opposite axilla of patient when in dorsal position (if put around back of neck it would depress the head too much on the chest), carry down over front of chest, flex thighs on abdomen, pass each end of twisted sheet round thigh from within, outwards near popliteal space, and tie firmly; and no one will be required to hold the flexed thighs while the sutures are inserted, or the intra-uterine douche given.

As an extra sheet is sometimes scarce each nurse should have, as part of her kit, a leg holder made as follows: Two thicknesses of strong woollen webbing, or four of strong cotton flannel, 2 inches wide and 78 inches long when made, firmly stitched together; the middle of the strap is strengthened by being doubled over four times so that the total length before being made is 86 inches. One half inch from each end attach a strong silver-plated snap hook, $1\frac{1}{4}$ inches long and, 16 and 20 inches from each end respectively, to

allow for difference in circumference of thigh, attach a strong silver-plated ring ¾ inch in diameter. This holder is applied and used in the same way as the twisted sheet. If the snap hooks and rings are silver-plated they will not rust and the whole can be boiled. The webbing, rings, and hooks can be bought at a harness maker's.

4. Protection of Bedding. Sometimes a protection for the mattress, pillow or bedding is needed in a hurry, there is not time, or the patient cannot afford to buy sufficient rubber sheeting or oil cloth, or the nurse may be taking care of a chronic case with incontinence of urine and faeces, or with a copious discharge, for whom it seems impossible to provide enough dressing in the form of gauze, absorbent cotton, or clean old rags. Several thicknesses of newspaper, or sheets of thick wrapping paper, covered with clean old cotton will absorb a quantity of moisture and protect the under surface.

5. Sterilization.—For an emergency operation when there is not time to sterilize the towels and sheets, by steaming or boiling, they can be rendered almost sterile by being ironed with a very hot iron and wrapped closely in another well ironed towel.

To sterilize by steam when there is neither an Arnold nor a Knye Schurer sterilizer available, put two bricks on the bottom of a wash boiler, on them put an inverted baking tin or pie plates, and on these pile the bundles to be sterilized, being careful not to let the water be above the bricks, cover closely, keep the water boiling for one hour; remove the boiler from the fire and take out the bundles at once before the steam has time to condense on the lid and dry upon the sterilized articles.

6. Preparation of Room.—Sometimes an operation has to be performed in a room whose walls are covered with a dirty wall paper which cannot be washed, and which, if swept, would probably send out into the air thousands and legions of bacilli and cocci to infect the wound. To prevent the dust from flying fill the room with steam, by putting into it pans or tubs of hot water, and dropping into them bricks, almost red hot, this will send out clouds of steam. Shut the door at once and keep it closed as long as possible. Papers spread upon the floor and pinned or tacked down, will, if there is a carpet which cannot possibly be taken up, prevent the carpet from being soiled, and the dust and infection, lodging in the carpet, from being stirred up by the feet.

7. Continuous Outflow.—When a gynaecological case is ordered to have a prolonged douche lasting for an hour, it is extremely fatiguing, and quite unnecessary for the patient to have the douche pan taken out to be emptied every time it is full. A continuous outflow is ensured by putting the distal end of a Davidson syringe, weighted, into the pan, the proximal end hangs over a pail on the floor, at the side of the bed. If the syringe be too short a piece of rubber tubing may be attached. Start the flow by pressing the ball and as long as there is water in the douche pan it will continue to flow through the syringe. If a Davidson syringe is unobtainable a piece of rubber tubing may be substituted, and the flow started by means of suction; a syringe inserted at the proximal end drawing the water through until the flow is continuous.

EDITH MAYOU,
Victoria Hospital, London, Ont.

THE NURSES' ALUMNÆ LECTURES.

The course of lectures arranged for nurses by a committee representing all the Hospital Alumnæ Associations in Toronto came to a close on Thursday, April 5th, when a large audience assembled to hear Dr. Clarke's interesting and instructive lecture, which we have much pleasure in presenting to our readers this month. The chair was occupied by Miss C. A. Mitchell, one of the committee to whom we all owe a great deal of pleasure and profit. Mrs. Greer, treasurer of the committee and president of the Alumnæ Association of St. Michael's Hospital, read the treasurer's report, which showed the total contributions to be $133, and the present credit balance $5. Miss Mitchell gave a brief address, from which we are permitted to make the following extracts:

The united efforts of our graduates and undergraduates from all the training schools for nurses in the city have proved that "Union is strength." . . . The members forming our committee are the presidents of the different alumnæ associations and two others, who were appointed by the association who proposed the plan. . . . Our first meeting was arranged for by the Graduate Nurses' Association, Miss Dock being the speaker, on "Registration." . . . We had a large meeting, though the evening was very stormy. The interest was very apparent, and we eagerly looked forward to those who were to follow. Mrs. Von Wagner, Government Inspector for Yonkers, N.Y., spoke in January: subject, "Sanitary Inspection." She captivated us by her quietness and strength. She showed what a woman can do in this work, and how much better she can do it as a trained nurse. This is a new department for the nurse to work up in Canada. In February Miss Damer came from New York to address us, on "The Nursing Care of Tuberculous Patients in Their Homes." . . . The rich and poor alike require educating on this subject. Mrs. Hampton Robb came in March. Her subject, "The Nurse as a Citizen," brought out the importance of our action in regard to the social and religious duties of a nurse. This was a very fine address. . . . It has been said "an organization is as strong as the strongest personality in it: the strongest will strike the key-note." We have evidently many strong ones, for it is union that is the key-note of our organization. . . . The committee now retire, giving place for others to adopt new methods for our education and entertainment.

At the conclusion of Miss Mitchell's address, which was listened to with evident attention and pleasure, steps were taken to carry on the work for next year.

THE duty for the moment is always clear, and that is as far as we need concern ourselves; for when we do the little that is clear we will carry the light on, and it will shine upon the next moment's steps.—*J. R. Miller, D.D.*

THE ALUMNÆ ASSOCIATION OF THE TORONTO WESTERN HOSPITAL.

This Association was organized March 23, 1904. The membership the first year was seventeen. At the present time there are two honorary members and twenty-one active members.

During the current year nine monthly meetings were held and five lectures were delivered, as follows:

Dr. Clouse, "Surgical Emergencies."
Dr. A. A. Macdonald, "The Nurse's Personality."
Dr. Hunter, "The Nurse, Her Place, and Her Equipment."
Dr. Carveth, "The Nurse's Responsibility to Herself."
Miss Smedley, "Obstetrics."

These lectures were highly instructive and very much appreciated by all. There was also a re-union of the graduates held at the Nurses' Home, Rosebury Ave., at which there was a good attendance. Many of the members who reside outside the city were present and a very pleasant time was spent. The result of the monthly meetings and these re-unions cannot but be beneficial to all our members. It brings the nurses in touch with one another and promotes a unity and good feeling that would not otherwise be obtained, and a large increase in the membership of our Alumnæ is expected from such re-unions. The finances of the Association are in a satisfactory condition, showing a surplus of $26.61.

Officers, 1906: Honorary President, Miss Smedley, Superintendent Toronto Western Hospital; President, Mrs. Annie Yorke, 400 Manning Ave.; First Vice-President, Miss Marcella McKim, 76 Close Ave.; Second Vice-President, Miss Mildred Wilson, 159 College St.; Treasurer, Miss Clara Ovens, 502 Spadina Ave.; Secretary, Miss Georgina Woodland, 1 Rose Ave.; Directors, Miss Nellie Demmington, 2 Brunswick Ave.; Miss Ida Speer and Miss Terese Alilund, 665 Spadina Ave.

GRACE HOSPITAL, WINNIPEG.

This new hospital which is to open about May 15th is the outcome of the Salvation Army Rescue Home, which was started about fourteen years ago in a little cottage on Ross Avenue. Then it was simply a rescue home, but as the city grew, larger quarters were secured on Yonge Street, of which part was used as a maternity hospital and part as a rescue home.

Now this new hospital has been built at a cost of $47,000, will have sixty beds, and will be devoted entirely to maternity work. It is a handsome building situated in the most pleasant suburb of Winnipeg, within easy reach of the centre of the city, and is surrounded by sufficient grounds to make a very attractive place.

The hospital part is fully up-to-date with well lighted and

ventilated wards for the patients, a special ward for children, and last but not least, a fine operating room which is supplied with all the latest discoveries, and is warranted "germ proof." Perhaps one of the latest appliances that will appeal to many nurses is the new "soiled clothes chute." It is on the outside of the building and is composed of zinc, perforated with ventilators, with iron doors opening from each floor and running directly into the basement, where the clothes are received into zinc tubs constantly filled with fresh carbolic solutions, it is thus easily cleaned and the clothes are never kept "soiled."

When it opens there will be only $7,000 of a debt remaining on the building fund. The nursing department will be under the care of Staff-Sergeant Kerr. For the present there will be only 16 beds for actual patients, but as the funds increase they hope to get the full complement of 60 beds going all the time.

It is intended to train nurses for obstetrics only, giving them a two year course, also in children's ailments. These nurses are intended to nurse only amongst the poor of the city, and no doubt will be appreciated by the class unable to afford a fully qualified nurse, and most certainly this will be much better than employing the so called experienced nurse.

A STEP IN ADVANCE.

The War Office has issued orders that in future no sister will be promoted to the rank of matron in Q. A. I. M. N. S. until she has passed an examination, the regulations for which will be published in our next issue. The British Government is thus the first to institute and require special training for the important office of matron or superintendent of nurses and to provide for the same. It is a step in the right direction.

"To be honest, to be kind—to earn a little and to spend a little less, to make upon the whole a family happier for his presence, to renounce when that shall be necessary and not to be embittered, to keep a few friends, but these without capitulation—above all, on the same grim condition, to keep friends with himself—here is a task for all that a man has of fortitude and delicacy . . . . In his own life, then, a man is not to expect happiness, only to profit by it gladly when it shall arise; he is on duty here; he knows not how or why, and does not need to know; he knows not for what hire, and must not ask. Somehow or other, though he does not know what goodness is, he must try to be good; somehow or other, though he cannot tell what will do it, he must try to give happiness to others."—*R. L. Stevenson.*

Official Reports.

ONTARIO GRADUATE NURSES' ASSOCIATION, ANNUAL MEETING, ST. GEORGE'S HALL, TORONTO, APRIL 17th, 2 P.M.

The annual meeting of the Ontario Graduate Nurses' Association was held in St. George's Hall, April 17th, 1906, at 2 p.m. The meeting was opened with prayer by the President.

The next in order was the election of the Nominating Committee, which was as follows: Miss Greene, Miss Brent, Miss De Vellin, Mrs. Greer and Miss Ewing.

The Secretary then read the minutes of the second meeting of April 22nd, 1905; also the minutes of the special meeting held on December the 28th, 1905, which were adopted.

Miss Hodgson, of the Press and Publishing Committee, reported as follows:

"The Press and Publishing Committee, in conjunction with the Committee on Legislation has supervised all printing and publications of the Assocation during the year, and a record of the same has been kept." Report stands approved.

Miss Bella Crosby, the Corresponding Secretary, read her report as follows:

The first correspondence of the Association's year was in regard to affiliation with the National Council of Women. Granted.

A number of letters have been written to different nurses who desired information about the Association and its requirements for membership.

Then for the special meeting of December 28th, 1905, an effort was made, by correspondence, to interest all nurses in Ontario, in view of the fact that a proposed Bill for Registration was under discussion. Each of these forty-seven letters contained a copy of the draft of the proposed Bill, and was in addition to communications sent to members of the Association.

Then in view of the great need of the strong and united support of all the nurses in the Province for our proposed Bill soon to be brought before the House, a circular letter and petition were prepared and sent out in order to obtain the signature of every nurse in the Province. This elicited a hearty response, and about 600 signatures were obtained. A number of the members of the Association very kindly assisted in this work, and we are hoping our work will be rewarded by the passing of our Bill. Report stands approved.

The Treasurer reported as follows:

For the Year ending April 1st, 1906.

Balance on hand May 1st, 1905	$ 67 81	
Annual fees	150 00	
		$217 81
Disbursements		169 50
		$ 48 31

Report approved.

Report of Committee on Revision of Constitution and By-Laws, was read by Miss Julia Stewart as follows :

Your Committee has very little to report. S veral meetings were held in conjunction with the Committee on Legislation. In view of the fact that the passing of the Registration Bill now before the Legislature, will necessitate an entire change of the constitution, it was not thought advisable to make any changes at present. Should the Bill fail to pass, however, we beg to suggest that the Association c nsider seriously the advisability of doing away with a nominating committee, and having all nominations made from the floor. Even at the expens: of time your Committee feels that more general satisfaction would be given, and the best interests of the Association served in this way. Report stands approved.

Miss Eastwood read the report of the Legislative Committee as follows :

" Your Committee beg to report that their first step was to prepare a paper on the subject of ' Registration for Nurses,' to be read at the annual meeting of the ' Council of Women,' held last June, in Charlottetown, P.E.I.' A great deal of interest was expressed, and the " Council " recorded its hearty approval of registration for nurses.

The second step was the getting up of a meeting for all graduate and undergraduate nurses in this city and surrounding towns to listen to an address by Miss L. L. Dock, of New York, on " Registration."

This meeting was held in the Theatre of the Normal School, in October, 1905. Miss M. A. Snively took the chair. It was a miserable night—wet and dreary—but the room was almost full, a splendid turnout, showing how general was the interest, and most gratifying to the promoters of the meeting.

Miss Dock gave a history of the movement for registration, why it was needed, and sought for. She was listened to with marked attention.

Mr. I. H. Cameron and Dr. Brown spoke briefly, the doctors promising all the assistance they could give to further the nurses' plans. Mrs. Willoughby Cummings also spoke on behalf of the Council of Women, which desired to make known its willingness to assist if it lay in their power.

The Hon. J. W. St. John, Speaker of the Ontario Legislature, most kindly offered to draw up a Bill to incorporate our Associat'on and at the same time procure for us registration.

Numbers of bills were studied, and many meetings for consultation were held with Mr. St. John, his kindness and patience never failing us. A draft of a Bill was prepared and a special

general meeting called for December 28th, to discuss and ratify it. (See March number.)

The Bill was introduced into the House on March 1st, by Mr. Thos. Crawford, member for West Toronto, with Mr. W. H. Hoyle, as seconder, member for North Ontario.

After the first reading, a deputation of nurses was asked to meet some of the members at the House, and explain why they desired registration.

On March 9th, about seventy nurses assembled in one of the Council rooms, and thirty or thirty-five members came to listen to our explanations and requests and to learn what the Bill would do for the nursing profession.

The speakers for the Bill, besides our faithful champion, Mr, St. John, were Miss Snively, Mrs. Paffard, Miss Brent, Dr. Helen MacMurchy, Miss Mitchell and the present speaker. The nurses were well received, listened to attentively, and a general feeling amongst the members of the House was apparent that we were not asking for anything but what was right and reasonable.

Mrs. Hunter Robb, of Cleveland, and Miss Palmer, editor of the *American Journal of Nursing*, being present as spectators, were asked to give an account of what progress registration had made in the United States.

After the second reading of the Bill the House appointed a committee of its members to discuss it and bring in a report. A deputation of nurses was to meet with this committee. From this source and that we learned that clause 25 was a source of offence to many. So a meeting of the Legislative Committee, together with the members of the Executive resident in Toronto, was called, and it was decided to strike out clause 25 entirely.

On April 5th, the special committee of members and a large deputation of nurses (about 100) met, our President, Miss Gordon, coming up from Kingston for the occasion.. Clause by clause was gone over, and with Mr. St. John's invaluable assistance and Miss Gordon's well-put arguments, we felt we were safe, and that we came off victorious.

Dropping out clause 25 we had only four other changes to make.

First—The addition to clause 3, section 1, of these words "Examinations shall be held in at least three places besides Toronto."

Second—In clause 4, section 2, the substitution of the word "shall" for "may" at the end of the first line.

Third—In clause 15, the words "competency" and "fitness" were omitted.

Fourth—The time for registration be extended for two years.

On clauses 3 and 15 there was much and very warm discussion.

The session lasted two and a half hours, and when it was finished we felt that so far nothing of moment had been lost; so there was great rejoicing, congratulation and hand-shaking on all sides.

The Legislative Committee know right well that all this has not been accomplished by it alone. In fact force of circumstances often at an important moment reduced the working power of the

committee to one, and that poor one could not bear the responsibility unaided, and generous help was given by many members of the Association. The thanks of the Committee are tendered to all who so kindly lent aid.

It was not a time to stand on ceremony as to whose duty it was to do this or that. The cause was so important and so pressing that all help was thankfully received.

We understand that the Bill comes up for its last reading next Thursday, and though we hear of some opposition we sincerely trust it is in good hands and we hope for the best. The report stands approved.

After discussion, Miss Eastwood moved that we ask the Legislature to strike out clause 9. Seconded by Miss Mayou.—Carried by over two-thirds vote.

The Secretary read the names of the new members, sixty-nine being added to the roll.

The President made the suggestion that the four medical men should be representatives: one from Toronto, one from London, one from Ottawa and one from Kingston.

The Nominating Committee now reported.

Moved by Mrs. Paffard, seconded by Miss Muir, that Mrs. Yorke and Miss Crosby be appointed scrutineers.—Carried unanimously.

The President then called on Miss Watson, of MacDonald Institute, Guelph, who gave an interesting and instructive address on the work of the MacDonald Institute.

Mrs. Bruce moved a vote of thanks to Miss Watson, which was seconded by Miss Robinson.—Carried.

The scrutineers now handed in their report, the following being the officers elected: President, Miss Eastwood, elected by acclamation; First Vice-President, Miss Brent, Sick Children's Hospital; Second Vice-President, Mrs. Nicol, Kingston; Cor. Secretary, Miss Julia Stewart; Rec. Secretary, Miss Mathieson, Isolation Hospital, elected by acclamation; Treasurer, Miss Hamilton, elected by acclamation.

Members of Executive Committee.—Miss Gordon, Miss Robinson, Miss Barwick, Miss Graves, Miss Mayou, Miss Hodgson, Miss Mary Gray, Mrs. Tilley, Miss De Vellin.

Press and Publication Committee.—Miss Barwick, Miss Crosby, Miss Potts, Miss Harrison, Miss Fralick.

Legislation Committee.—Miss Lawler, Miss Patton, Mrs. Paffard, Miss Ewing, Miss Woodland.

Revision of Constitution and By-Laws.—Miss Gordon, Miss Chillman, Miss De Vellin, Miss Graves, Miss Moody.

Auditors—Mrs. Yorke, Miss Hargraves.

Committee to Represent the Association at the Annual Meeting of the National Council of Women.—Miss Tweedie, Mrs. Yorke, Miss De Vellin, Miss Eastwood, Mrs. Greer.

The President wished a convener appointed for a Committee of Arrangements. It was moved by Miss Eastwood, seconded by Miss Green, that Miss Stewart be elected with power to select her own committee.—Carried unanimously.

The President drew the attention of the members to a work

entitled "Practical Dietetics," by Miss Pattee, which she recommended highly for use in private nursing.

Miss Brent moved that this Association write to *Colliers' Weekly*, *Ladies' Home Journal* and *The Delineator*, in regard to the danger to the profession in the Correspondence Schools of Nursing, asking them if they could see their way to refuse such advertisements. Seconded by Miss Mayou.—Carried.

Miss Eastwood moved that a list of names be prepared for the Council, should they require such a list, seconded by Mrs. Paffard.

The President announced, that owing to the lack of time, Miss Stewart would withdraw her paper on "Materia Medica," but hoped we would have the pleasure of hearing it on another occasion.

Miss Eastwood moved a vote of thanks to the acting president, saying we would not forget how she had come all the way from Kingston and worked for the Association.

With a few final remarks from the President the meeting adjourned.

K. MATHIESON,
Recording Secretary

STATEMENT FROM EXECUTIVE COMMITTEE.

The fact that the Nurses Bill had to be withdrawn before the third reading is known and deeply regretted by every nurse really interested in her profession, but there may be some among us who are in doubt as to the reasons that caused the Executive Board of the Association to take such a responsible step, and that it was such every member of the Board realized fully.

The amended and objectionable clauses of the Bill read as follows:

Section 3, clause (1): Nothing in this Act contained shall authorize the Association to impose any educational test whatsoever upon any person applying for registration under this Act who is a graduate of any training school approved of by the Council of the Association as hereinafter mentioned.

Section 3, clause (3): All nurses who may hereafter graduate from any training school for nurses now or hereafter conducted by any public hospital within Ontario, the standard of which training school is approved by the Council, shall if such training school gives a training of two years or over, be entitled without any further examination to become registered as members of the Association, upon satisfying the Council as to their moral character and upon paying the prescribed fee.

Section 4, clause (3): Copies of all by-laws, rules and regulations of the Association shall be filed with the Inspector of Public Charities, and all by-laws, rules, regulations and decisions of the Association may be suspended, vetoed or annulled by the Provincial Secretary.

Section 5: The affairs, business and concerns of the Association shall be managed by a Council (hereinafter called the Council) of

fifteen persons, and the members of such Council shall, in the first instance, be appointed by the Lieutenant-Governor-in-Council within one month after the passing of this Act, and shall consist of four duly qualified male* medical practitioners—four persons, each of whom shall be a member of the Board of Trustees, Advisory Board or Governing Body of some incorporated hospital in the Province of Ontario, and of seven persons, each of whom is a graduate of some training school for nurses of at least five years' standing.

At a meeting held at Grace Hospital, April 27th, 1906, it was decided that the Bill as amended could not be accepted and certain amendments to the amended clauses should be proposed at the third reading. However, it was learned that the chance of these amendments, proposed by the nurses, being considered at the third reading was extremely doubtful, and as no canvass had been made of the members of the House—no definite idea could be had as to the opinion of the members other than those of the Committee. To quote from one of the several letters received on the subject, "Persons familiar with parliamentary work seldom attempt to have a Bill, approved by one of the Committees of the House, amended on its third reading until they first obtain a promise from a sufficient number of the members to vote in favor of the proposed amendment to make sure that it will carry."

This being the case, the majority of the Board felt there was nothing left but to withdraw the Bill, that they could not support a measure which would put the absolute control of nursing affairs in the hands of a Council of fifteen, only seven of these nurses, and which would register nurses without examination should the hospital from which they graduated be approved by the above Council; a Council, remember, of which the majority is doctors and members of hospital boards; and that it would be lowering their standards should they agree to these conditions, and that the profession would lose, not gain, should the Bill become law.

Accordingly a letter was written to Mr. Crawford asking that the Bill be withdrawn.

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* It should here be stated that the Hon. Dr. Willoughby, Chairman of the Special Committee, took pains to inform the editor of THE CANADIAN NURSE on Monday, April 30th, at 6 p.m., that he would himself move in the House to omit this word when the Bill was called for its third reading.

BE not uneasy, discouraged, or out of humour, because practice falls short of precept in some particulars. If you happen to be beaten return to the charge.—*Marcus Aurelius.*

THE vision of the Ideal guards the monotony of Work from becoming monotony of Life.—*Westcott.*

THE HISTORY OF BILL No. 106.

Bill No. 106, entitled "An Act Respecting the Ontario Registered Nurses' Association," brought in during the second session of the eleventh Legislature of Ontario, in the sixth year of the reign of King Edward VII., has had a brief but exciting life. On the 1st of March, 1906, as we have already informed our readers, it was brought before the House, read a first time, and made a public Bill. Almost by chance, there were present in the Speaker's Gallery some members of the O. G. N. A., who had come to the Parliament Buildings that afternoon for another purpose. They were delighted to hear the mover of the Bill, Mr. Thomas Crawford, member for West Toronto, rise in his place and read an endless number of petitions from nurses in every part of the Province praying for incorporation and registration. Thereafter rose up the seconder, Mr. W. H. Hoyle, of North Ontario, to read still more petitions, until it seemed as if the whole Province had been heard from. But the course of true bills, like the course of true love, never does run smooth, and in the press there were to be heard, chiefly among Opposition papers, murmurs of "close corporation" and other ominous phrases, showing that the Bill, which is intended solely for the protection of the public, and to improve the status of of the nursing profession in Ontario, was being misunderstood in some quarters. An account of its further history, up to the third reading, will be found on pages 29-32.

On Thursday, April 19th, the Bill was down for its third reading as reported by the Special Committee. The Hon. the Speaker, with great kindness, had reserved the Speaker's Gallery for the members of the Association. The gallery was filled and a number of nurses were in the Ladies' Gallery.

Order No. 49 was called by the Speaker, "Bill No. 106," and the House went into Committee of the Whole. Mr. Crawford moved the third reading of the Bill, which would have made it law, but the Hon. Dr. Willoughby moved, in amendment, that it be referred back to the Special Committee, as the Governors of Kingston Hospital and others had made objections to it in its present form. This was vigorously opposed by Mr. Crawford, Mr. Gamey of Manitoulin and others, who felt that such action meant the killing of the Bill. The Premier stated emphatically that the Bill must go on. It had passed the second reading, it had been considered in committee, and he could hardly understand any member on either side of the House desiring to delay it. The Hon. the Speaker, by consent of the House, was then heard. He submitted that if the Bill were only understood the objections to it would vanish.

The hour for adjournment had now arrived, the Committee rose and reported progress. The Speaker resumed the chair, in order that the Premier might move, and the Hon. Mr. Ross second, a resolution tendering the warm and earnest sympathy of the House to the people of San Francisco, and the House adjourned. At

the evening session discussion on the Nurses' Bill was resumed in Committee of the Whole, several members taking part. It was finally agreed, on the motion of the Hon. Mr. Harcourt, that the first clause of the Bill be passed by the House, as a guarantee that the Bill was not to be killed in Committee; and also, on the suggestion of the Premier, that Order 49 remain on the order paper for two or three days, to allow all parties an opportunity to state objections. Accordingly, on April 23rd, the Bill was referred back to the Special Committee who were re-appointed for the purpose, so that certain parties might be heard. The Committee was called for April 25th, and again the faithful nurses attended; in many cases at great personal inconvenience. Some on night duty had given up several hours of their sleep; some on special duty had engaged, at their own expense, special nurses to take their places; some had taken their precious "p.m." in the morning; but all were willing to do it for the common good. There was no quorum of the Committee, a circumstance that may or may not have been accidental, and after waiting an hour or more the chairman rose from his place, declared no quorum, and called the Committee for the next day at the same hour.

On the next day, April 26th, there appeared the Rev. Archdeacon Carey, President of the Board of Governors of Kingston General Hospital, Dr. Dwyer of St. Michael's Hospital, and Mr. Day, solicitor, and Dr. Robertson of the Protestant General Hospital, Ottawa, as well as the members of the Ontario Graduate Nurses' Association.

Again there was no quorum, but still members of Committee present expressed their views, and heard the views of others present. A suggestion was at last adopted that representatives of all parties meet the Chief Law Clerk, Mr. Dymond, at 3.30 that afternoon, and, if possible, agree on amendments to be submitted to the Committee at an adjourned meeting to be held on April 27th. Certain amendments were framed, and Clause 9 was omitted at this conference with Mr. Dymond, those present being as follows: Those requested by the nurses present in the morning to represent them, Miss Patton, Miss Mitchell Miss Eastwood, Mrs. Paffard, Mrs. Greer, and Dr. Helen MacMurchy; also Dr. Dwyer, Dr. J. N. E. Brown, Rev. Archdeacon Carey, Mr. Pense, Mr. Day.

Miss Eastwood, feeling the responsibility of the situation, requested a number of nurses to meet at 10 a.m., on April 27th, in one of the committee rooms on the second floor of the House, kindly placed at the disposal of the nurses; and here Mr. Crawford, Mr. Gamey, Dr. Sheard, and one or two other gentlemen, came to give assistance. Dr. Sheard afterwards accompanied the nurses to the Railway Committee Room, and when the Special Committee ef the House, which was then deliberating, reached clause five, he addressed the Committee on behalf of the nurses, asking that seven duly qualified medical practitioners (four of whom should be endorsed by hospital boards) be appointed by the Government, and that the nurses appoint eight of their own number.

Much discussion followed, and it was finally agreed, in order that the Bill might be reported to the House, that the Bill as

amended on April 26th (see above) should be passed as a whole, and so reported.

A meeting of the Executive Committee of the O. G. N. A. was held at the home of the Victorian Order of Nurses, on April 30th, the members at a distance being notified by telephone. Present: Miss Eastwood, President; Miss Mathieson, Secretary; Misses Barwick, Mary Gray, De Vellin, Hodgson, Lawler and Stewart.

After a lengthy discussion, in which all the ladies present took part, a vote was carried that the Bill should be withdrawn, and the secretary was instructed to write to Mr. Thomas Crawford, requesting him to withdraw the Bill. The Bill was withdrawn accordingly on May 2nd, 1906.

NOTES.

It was worth while going to the House to hear the beautiful prayers read by Mr. Speaker entreating the blessing of Heaven on the Empire, the King and Queen, the Houses of Parliament, and the Legislature in session. It is said that the chair has never had a better occupant than the present Speaker.

To the Hon. J. W. St. John the nursing profession in this Province owes a very great and not-to-be-forgotten debt of gratitude. Mr. St. John's kindness, the great trouble that he took, and the value of his advice and influence, we cannot readily find words to express. To him, to Mr. Crawford, and to many others, members and officials of the House, THE CANADIAN NURSE, on behalf of its readers, would return thanks.

No one showed a greater grasp of the situation than the Hon. Adam Beck, who repeatedly came to the rescue of the Bill in Committee.

Only three times since Confederation has the Speaker asked leave to address the House. No one seems to remember the first or second time, but we shall never forget the third time.

The greatest interest was taken in the progress of the Bill by almost every nurse. Many of them attended the committee meetings and sessions of the House. From 100 to 150 nurses must have been present.

It would have been impossible for anyone to devote more constant and careful attention to the Bill or to bestow on it more time than did the President, Miss Eastwood, and her colleagues on the Legislation Committee.

We thought Mr. Hoyle was mistaken about hypnotic influence, but he certainly was right about six gentlemen speaking at once!

The Rev. Archdeacon Carey, of Kingston, stated that no copy of the Bill ever reached the Board of the Kingston General Hospital. If they had only read THE CANADIAN NURSE, which is sent to all the hospitals of the Province every quarter, all this trouble might have been avoided!

Reports of Nursing in Hospitals.

DIPHTHERIA.

John C., aged 11 years; admitted to the hospital on January 6th, 1906, suffering from naso pharyngeal diphtheria. The patient had been ill for a week before any physician was called and the disease was far advanced before any treatment was begun.

The tonsils, uvula, and the walls of the pharynx were covered with a thick, dark, leathery membrane; the nose was completely blocked with membrane, and lymphatic glands of the neck were very much enlarged. There was marked constitutional disturbance, extreme pallor, breathing was altogether by mouth, the tongue was badly coated and dry, and the odor offensive. Patient had great difficulty in swallowing.

Temperature, 100 3/5; pulse feeble, 112; respiration, 24; urine, amber color, and normal in quantity.

Treatment: 4,000 units of antitoxin were administered; throat sprayed every hour with hydrogen peroxide, listerine and water, equal parts. Nose sprayed with Seiler's solution; warm camphorated oil applied to the glands of the neck every two hours (calomel as a purgative); ℥i of a mixture containing peptonate of iron, elixir of lactopeptine and liquor strychnia was given every four hours. Whiskey, ℥iii, every two hours. Diet: milk, beef essence, broths, etc.

On the second day the temperature was 101; pulse, 120; respiration, 24. 4,000 units of antitoxin were again administered. No improvement in the patient's condition; treatment continued.

Third day: Temperature, 100; pulse, 112; respiration, 22. The urine now showed albumin present. At 10 a.m. patient had a severe hemorrhage from the nose. Adrenalin chloride was used, but ineffectually. The nares were plugged with small pledgets of absorbent cotton, saturated with tr. ferri mur. and glycerine. The patient spent a very restless day; the pulse was irregular; his general condition was unfavorable.

Fourth day: Temperature, 98; pulse, 96; respiration, 20. As there was no marked improvement in patient's condition, 4,000 units of antitoxin were again administered. The plugs were removed from the nares; the greatest care had to be exercised in spraying the nose on account of the tendency to hemorrhage.

On the morning of the sixth day the patient's condition was more hopeful. The throat was much cleaner; the swelling of the glands of the neck almost subsided; the pulse stronger, and regular. From the sixth day until the tenth there was marked improvement. The patient's throat and nose were free from membrane on the ninth day. A week elapsed, when the patient became decidedly worse. The urine showed 50 per cent. albumin; there was marked œdema and evidence of nephritis; paralysis of

the muscles of deglutition came on, making it very difficult for him to swallow liquids. Nourishment was given in the form of junkets, milk jellies, calves' foot jelly, etc.

The pulse became slow and irregular; there was persistent vomiting; patient complained of severe pains in his stomach; external heat was kept up by means of hot-water cans; strychnine sulphate 1/30 grain and digitaline 1/100 of a grain were given hypodermically every four hours. Rectal normal salines ℥ viii every four hours. Diuretin 12 grains every four hours to produce diuresis. Brandy ℥ iii every two hours.

This treatment was continued until the twenty-sixth day of disease, when the patient began gradually to improve. The improvement was slow, but continuous. Careful, persistent attention was given to the details of nursing, the greatest care being exercised to avoid any possible exertion. Owing to the abnormally dry and harsh condition of the skin, the patient was rubbed all over with olive oil every day after his morning bath. As the albumin in the urine diminished, the patient was dieted more liberally, and everything in the nurse's power was done to hasten convalescence.

On February 21st the patient was bacteriologically free from diphtheria, and was discharged from the hospital in a healthy condition.

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HOT SAND BAGS.—We are all acquainted with the virtues of the hot water bag, but many persons are not aware of the fact that a sand bag is even better. The way to prepare it is this: Get some clean, fine sand, dry it thoroughly in a kettle on the stove; make a bag about eight inches square, of flannel, fill it with the dry sand, sew the opening carefully together and cover the bag with cotton or linen cloth. This will prevent the sand from sifting out, and also enable the person using it to heat the bag quickly by placing it on the oven, or on top of the stove. After once using this no further recourse will be had to the hot water bottle or the brick. The sand holds the heat for a long time, and the bag can be tucked up to the back without hurting the invalid.—*Health.*